

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

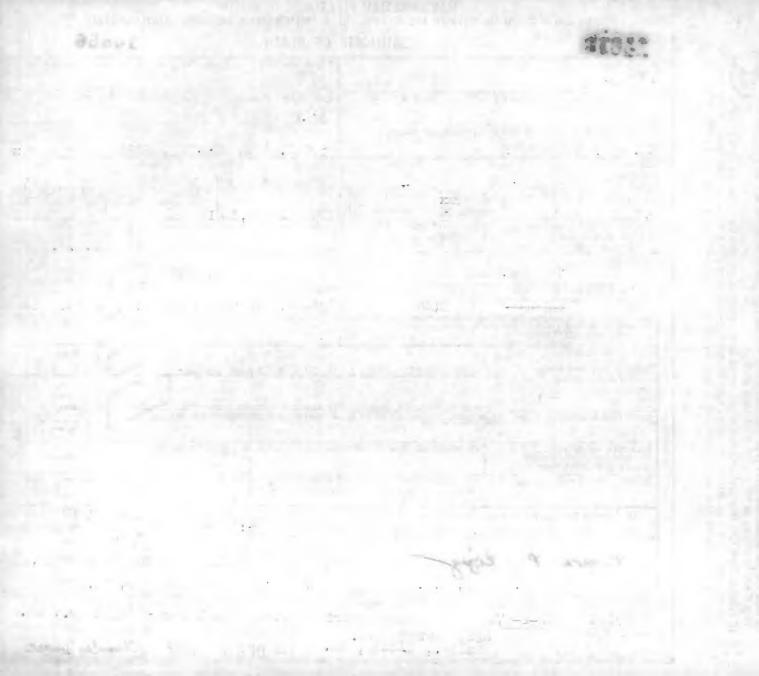
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1487	8		CERTIFIC	LAIL	OF DEATH			T.	100	0	
o. COUNTY			MARYU	AND	2. USUAL RESIDENCE (W	Vhere deced	ised lived, if institu b. COU		nce before	e odmissi	on)
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give pearest lawn)					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Baltimore  2 2						
d. NAME OF HOSPIT Forest H	ALOR INSTITUTION (If not in even Nursing	haspital, Hone	give street address)		d. STREET ADDRESS	Ben	twillon	Ur.		ON A F	
NAME OF DECEASED (Type or print)	First Angie	C.	Middle Anderson		Lost	4. DATE OF DEATH		29	Doy	19	67
. SEX	6. COLOR OR RACE 7	MARRIED WIDOWED	NEVER MARRIED  DIVORCED		Oct. 18/	4	9. AGE (In years last birthday) 96 yrs.	Months Months	Doys	Hours	R 24 HRS. Min.
uring mast of working	N (Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County 8 Marylar		oreign country)		TIZEN OF DUNTRY?		
3. FATHER'S NAME Corn	elius Chappe	11	,		14. MOTHER'S MAIDEN N Joseph		Webster				
	R IN U.S. ARMED FORCES? (If yes give wor or dotes of so		SOCIAL SECURITY NO.	17. 1	NFORMANIS E. Pr 803 Bentwil	rzyle llow	pa Addr Dr Gle		nie,	Md.	
Conditions, if any rise to immediat storing the unde last.  PART II. OTHER SI	e couse (o),		, , , ,	1 * W		F 124 J	EN IN PART I(o)			WAS AUTO	LU?
	S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCC	URRED. (	Enter noture of injury in P	Port I or Po	rt II of item 18.)		33	S	NO [Z
20c. TIME OF INJI Hour 'o.s	10	20d. II While of wor	Not While		E OF INJURY (Home, form, ory, street, office bldg., etc.)		(City or town)	(Co	unty)		(State)
sow the de	<b>fy</b> that (I) (th <del>is hospit</del> eceased alive on	of) often			death occurred at_	40	no 12/2 M, from touses	9, 19, ond an t	7, th	ot (I) ( e stoter	we)-los l obovi
22c. PHYSICIAN'S NAME (Type		Ger (	/	M.D	PHYS. L	MED. DIRECTOR  Edmo	STAFF PHYS. Condson Av		ATE SIGNI	D	
30. BURIAL, CREMATIC REMOVAL (Specify		)F	23c, NAME OF CEMETE Woodb			23d. 10	CATION (City or To Harrison	wn)	(County)		itote)
24. FUNERAL DIRECTO	e F. D 41	Ol Ed	mondson Ave		2SO. REC'D		1967 25b. R	GISTRAR'S	IGNATUR	egge	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely, filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban Japers. Pages I and shauld be filed with the State D≡pt. af Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after deat Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 25M 1/67

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

ban Japers. Pages I and 2 within 72 haurs after death.



14880 TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physicion.

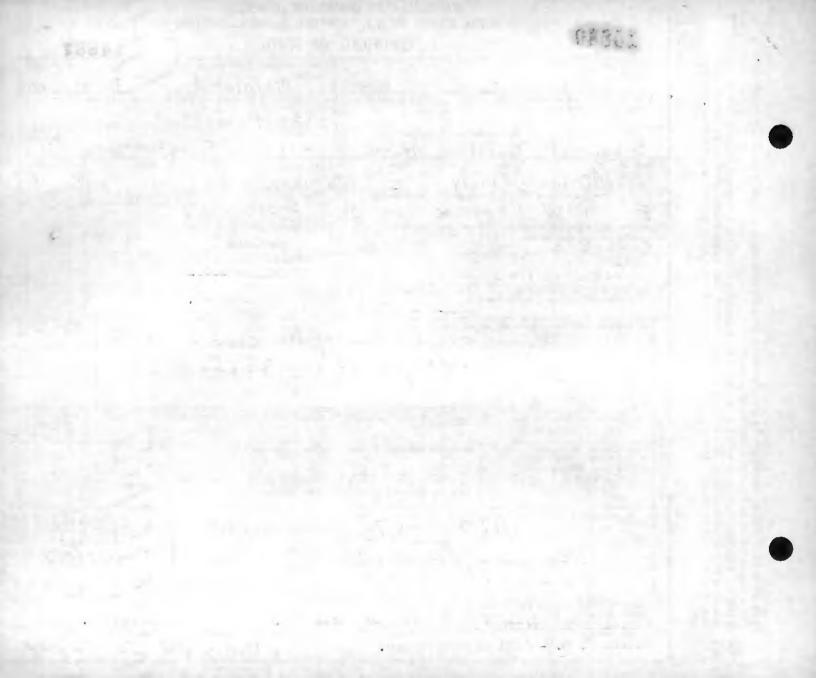
VR A15 (4) 25M 1/67

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14887

	1,	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)						
V -		O. COUNTY Baltimore MARYLAND	a. STATE MArilland b. COUNTY Baltimore						
	-	b. CITY OR TOWN (If autside carparate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town)						
)		write RURAL and give nearest town)	Baltimore 131						
_		d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE						
90		Summit nursing Home	211 OAK Forest Place YES NO						
		NAME OF DECEASED Atkin Soz) First Nily First Middle DECEASED From IV F AT	Lost 4. DATE Month Doy Year OF DEATH // 8 1967						
	S.	SEX -6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.						
		F WIDOWED DIVORCED	4-3-01 (ast birthday) Months Days Hours Min.						
	10a dur	USUAL OCCUPATION (Give kind of work dane ing most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY?						
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
		John Cling	Caroline						
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Atlainson To Address						
	(16	is, na, or unknawn) (If yes give war ar dates of service) 212-03-1849A	Norer Atkinson, Jr. 211 Oak Forest Place						
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	A & D INTERVAL BETWEEN						
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomo	of the cervix with ONSET AND DEATH						
		17/X DUE TO , Co. 1							
		Canditions, if any, which gove ) (b)	meterstess						
		rise to immediate couse (a), ( DUE TO							
		last. (c)							
2	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED? YES NO						
	CERTIFICATION	20g. ACCIDENT WAS UNDERLYING \( \) 20b. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING \( \) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Port II of item 18.)						
	MEDICAL		ACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (Stote)						
		21. I certify that (I) (this haspital) attended the deceased fram_	, 19, ta, 19, that (I) (we) last						
		saw the deceased alive an 117 19 6 and that	at death accurred at 1:05 M, from causes and an the date stated above.						
		220. SIGNATURE. Raso In U.D. M.	D. PHYS. DIRECTOR PHYS. 128. DATE SIGNED 1/8/67						
- 1		22c PHYSICIAN'S EIKASRITI'S, 14)	1801FREDERICKRD =21228						
^	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR							
A		REMOVAL (Specify) 11/11/67 Prospect I							
1	24	Witzke F. D 4101 Edmondson Ave.	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						



MARYLAND STATE DEPARTMENT OF HEALTH 25-65 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. ond 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH p. COUNTY b. COUNTY p. STATE France Baltimore Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours ( Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE adbers ON A FARM? 3012 Harview Avenue St. Joseph Hospital. Towson, Md. 21204 YES T NO F within 3. NAME OF Middle 4. DATE Lost Month Year corbon the attending physician and completely sit permit. Then please remove corbor by DECEASED TROY AUVIL E. November 25 67 19 (Type or print) DEATH event. low requires that the death certificate be executed IF UNDER 24 HRS S. SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months last birthdoy) Days Hours WIDOWED F 1-3-1882 and in any DIVORCED Male White IDo. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT Offi during most of working life, even if refired)
Self-Employed COUNTRY? INDUSTRY West Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, 10 Columbia VanMeter Sansen Auvil Examiner 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dates of service) 10 13-12-7943 Mary C. Bayne-3012 Harview Ave. cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) buriof-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Generalized arteriosclerosis IMMEDIATE CAUSE (o) signed by DUE TO buriol Ca Conditions, if any, which gave rise to immediate couse (a). Medi **DUE TO** stoting the underlying couse be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been os the 19. WAS AUTOPSY PERFORMED? pa PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health | Contusion, occipital region, left orbital region YES NO 3 eased 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 2Do. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH of o detached (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 201. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Rel, Hour o.m. factory, street, office bldg., etc.) Not While ot work 19 67 to 11-25 , 19 67, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram... 11-19 should 11-25-1967, and that death accurred at 2:00 M, from causes and an the date stated above. saw the deceased alive an\_ 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. **ATTENDING** 11-24-67 M.D. DIRECTOR director, poge should be filed 22d. ADDRESS TO HOSPITAL Page 4 may t 22c. PHYSICIAN'S NAME (Type) Arturo A. Pidlaoan 7620 York Road, Towson, Md. 21204 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) Barbour Co.-W. Va.
BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 10/29/67 Shiloh Cemetery 25o. REC'D BY REGISTRAR **ADDRESS** t C. Altenb Harford Rd. Altenburg Funeral Home. Inc Elianlas Judge 20 M 1/66

BAND IN STRUME

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83401

adward Edward M.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14889 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution Residence before admission) o. COUNTY o STATE b. COUNTY . \$ 0 Baltimore Maryland MARYLAND Baltimore deloy 3 CLENGTH OF STAY IN 16 ( CITY OR TOWN ( f outside corparate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give regrest tawn) ₩3 Essex (21) d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) form 191 "A" Maple Road 191 "A" Maple Rd. YES NO 1 in Item 18 Give Pages hours after death olong with 3 NAME OF M rdle 4 DATE Month First Last Dov Year DECEASED **OF** LOUIS BALDI G. November 1967 (Type or pant) DEATH 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HRS pages land 2 with S SEX 6 CO. OR OR RACE 8 DATE OF BIRTH 7 MARRIED XX NEVER MARRIED last birthday) Days Hours event within 72 hours ofter death. Male White WIDOWED DIVORCED Oct. 1. 1907 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BiRTHPLACE (State or fore an country) 12 CITIZEN OF WHAT during most of working life, even first red)
Steel Worker COUNTRY ? INDUSTRY Steel Bethlm Italv USA Medical Examiners 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME in pencl This certificate should be executed within Frank Baldi Margaret Holready IS WAS DECEASED EYER IN U.S. ARMED FORCES? 7 INFORMANT Address 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) e, writing the Word "pending" forwarded to the Chief Medical 213 09 0074 Louis D. Baldi Yes INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) ONSET AND DEATH burrol-transit PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO yno Conditions, if ony, which gave (b) rise to immediate couse (a). . 🚍 DUE TO stating the underlying cause 0 PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? removol, CATION NO Z the certificote, 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of item 8) CERT F 3 should PRIMARY I or CONTRIBUTING I Ь CAUSE OF DEATH cremotion, WEDICAL 20e PLACE OF INJURY (Home farm 20f (City or fown) (County) 20c T ME OF INJURY Month, Day, Year 20d INJURY OCCURRED Not While factory, street office bldg etc.) Hour am While of work at wark Inspection Inquiry 21. I certify that I took charge of the remains described above, held an Autapsy and in my opinion DIRECTOR: Suicide moy be retoined FUNERAL DIRECTO death resulted fram Natural roses . Accident Ham cide Undetermined manner CHIEF MED CAL EXAMINER 22. DATE SIGNED ASSISTANT MED CAL EXAMINER prior Heo t NAME OF CEMPTERY OR CREMATORY 231 LOCATION ("ity or Town) CREMATION (County) 0 Balto. National Cemetery THOUGH (SPIC by) Baltimore, Md. 250 REC D BY REGISTRAR 25b REGISTRAR S SIGNATURE VR A15ME DATE NOV 9 196 Funeral Homel 407 Eastern Ave. Bruzdzinski

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14:50 13884 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, functitution Residence before admission) a. COUNTY o. STATE b. COUNTY A. .. isicion and completely filled in-by the fui please remove corbon papers — Pages, I I, and in any event, within 12 hours offer MARYLAND Maryland b. CIY OK TOWN IT ourside corporate mits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Baltimore County Catonsville 3 mos. 3 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Spring Grove State Hospital 1001 West Joppa Road NAME OF Middle 4 DATE Doy DECEASED Bankoski November Sister Sophia (Type or print) DEATH 6. COLOR OR RACE B. DATE OF BIRTH IF JADER 1 YEAR 7 MARRIED AGE (In years NEVER MARRIED lost burthday) Days 11/28/07 White WIDOWED DIVORCED Female 10o. US JAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY COUNTRY?** U.S. Convent Baltimore, Maryland Nun 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removo Elenora Yaroch Waladislaus Bankoski IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service Spring Grove State Hospital Records: bur ol, cremotian, ·8 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) INTERVAL BETWEEN signed by the buriol-tronsit PART I. DEATH WAS CAUSED 8Y: SUCCEPT MMEDIATE CAUSE (6) Respiratory Arrest by the hospital or attending physician. Conditions, if ony, which gove (b) Progressive Bulbar Palsv rise to immediate cause (o), DUE TO stating the underlying couse has been Dept. of Health prior to @ Amyotrophic Lateral Sclerosis PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION certificate 20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20x TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or fown) (County) MED Hour a.m. factory, street, office bldg., etc.) ot work 21. I certify that X) (this hospital) attended the deceased from August 17, 19, 67, to November 201967, that X) (we) last O HOSPITAL OR ATTEND Poge 4 moy be retained saw the deceased alive an November 20 19 67, and that death occurred at \$10aM, from causes and an the date stated above TO FUNERAL DIRECTOR: 220 SIGNATURE 22b DATE SIGNED M.D. Baltimore, Maryland director, 1 23d LOCATION (City or Town) 23o BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF REMOVAL (Specify) 1001 Joppa Rd. Towson, Md Burial Convent Cemetery 250, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

4611 Park Heights, Balto. Md.

IS RESIDENC ON A FARM?

Year

1967

IF UNDER 24 HRS

Hours

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TOPRIO WAS ANTOPSY PERFORMED?

ND

(State)

(Stote

YES

NO 🛣

The low requires that the death certificate be executed within 24 haurs ofter death.

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14891 12885 CERTIFICATE OF DEATH Filled in by the funeral appears, Pages 1 and 2 thin 1/2 hours ofter death 24 hours after death. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH p. COUNTY a. STATE b. COUNTY Maryland Baltimore MARYLAND b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Catonsville mth 2dvs Baltimore d. NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS hilhO Mountwood Road HOSPITAL SPRING GROVE STATE YES NO I PHYSICIAN: The law requires that the death certificate be executed within ood With Middle 4 DATE 3 NAME OF First Last Month DECEASED OF 19 67 E. November Mary Barnes 6 (Type or print) DEATH hen please remave car S SEX R. DATE OF BIRTH AGE (In veors IF UNDER 1 YEAR LE UNDER 24 HIRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) white June 30, 1888 female WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

nousewife U. S. INDUSTRY Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Hannah Emich George Dixon IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Raymond Address Hountwood Rd. O. Hulse - 4140 (Yes, no, or unknown) (If yes give war or dates of service) 213-18-6961 Records: SPRING G ROVE STATE INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the c burial-transit p burial, crematia ONSET AND DEATH PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (6) Pneumonia, bilateral, with abscess for nat DUE TO Organism undetermined at this time 1 week Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse be retained by the haspital or attending Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been prior to 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT, RELATED, TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Arterioscle rotic cardiovas cular heart dicease secondar far use YES IK NO F secondary 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) detached for the Dept of I (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) TIME OF INJURY Month, Day, Year Hour a.m. foctory, street, office bldg., etc.) While Not While at work 18675 to Nov. 6 19.67, that (N) (we) last 21. I certify that (4) (this haspital) attended the deceased from. Oct. 2 shauld saw the deceased alive an\_ Nov 6 M, fram causes and an the date stated above. \_19\_67, and that death accurred at 22b. DATE SIGNED 22p SIGNATURE. MED DIRECTOR ATTENDING 11-7-67 director, page shauld be filed GROVE STATE HOSPINAL 22d. ADDRESS SPRING 22c. PHYSICIAN'S Toung, NAME (Type) Baltimore Maryland 21228 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL CREMATION, 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) Western Cem. Bultimore, Ed. D. - 4101 Edmondson Ave. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

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14886

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14892

CERTIFICATE OF DEATH

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death and and		PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission).
funeral s I and ter death	$\mathbf{M}$	O. COUNTY BALTIMORE MARYLAND 6 COUNTY 6. STATEMARYLAND
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4 作歌	9 29	d NAME OF MOSPITAL OR INSTITUTION (if nat in haspitor, give street address)  d STREET ADDRESS  e IS RESIDENCE ON A FARM?
law requires that the death certificate be executed within 24 hours after death nating physician.  been signed by the attending physician and completely filled in by the funeral is the burial-transit permit. Then please remave carbon pages. Pages I and is the burial, crematian, ar remaval, and in any event, within 72 hours after death.	1/	VETERANS ADMINISTRATION HOSPITAL 3013 FAIT AVENUE YES NO X
ed with pletely t carban ent, win		NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF NOTIFIED OF NOTIFIED OF
ecuted with campletely ave carbar y event, w		(Type or print) NORMAN JOHN BAUFIR DEATH NOVEMBER 19 19
unted a		SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF NDER 24 HRS
icate be executivision and camplesse remayed, and in any ev	L	MALE WHITE WIDOWED DIVORCED T-T-TT 50 ALL
and and rem		Oa USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT
ertificate be physician o ten please aval, and ii	- 1	MATERIAL HANDLER ELECTRICAL CO. BALTIMORE, MARYLAND U.S.A.
fica ysic pla al, c		13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME
ph enti		JOHN BAUER ANNA HENRY
th certifi ting phy Then remayal	-	IS WAS DECEASED EVER IN U.S. ARMED FORCES? [ 16 SOCIAL SECURITY NO ] 17. INFORMANT Address
te death cei attending p permit. The		(Yes no or Junknown) (If yes over or dottes of service) 217 Ol 99 O5 CLIN.REC., VAH, FT. HOWARD, MD.
that the dan. by the att ransit per	F	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  INTERVAL BETWEEN
t the sit in the last		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) PULMONARY EDEMA
that ton.  by the ransit		
equires the physician. signed by burial-transburial-transburial, cre		Conditions, fony which gave )  (A) INDESECTABLE ANADIASTIC CARCINOMA PICTOR TIME
physic physic signed burial burial	-1	rise to immediate cause (a)
o Paragraph of the Company of the Co		stating the underlying cause DUE TO
ttending as been as the priartal		last. (c)
The latter has se as it pri	. l	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19 WAS AUTOPSY PERFORMED?
		PERFORMED? YES NO  20a ACC DENT WAS UNDERLYING CONTRIBUTING COLUMN CONTRIBUTING CON
PHYSICIAN: 1 e haspital or his certificate trached far us Dept, af Healt		20a ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port L or Port II of Item 18)
rssci aspit certif hed nt. of	5	OR CONTRIBUTING CICAUSE OF DEATH  (IF EITHER, NOTIFY MED.CAL EXAMINER)
PHYSIC haspili is certi tached Dept. af		20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF IN. JRY (Hame, farm, 20f (City ar fawn) (Caunty) (State)
		Hour am.  19  While of wark of
Se fe ve		21. I certify that (X (this haspital) attended the deceased fram Oct. 19 1967, to Nov. 15, 1967, that (X (we) los
ENG ed he he he he he he		21. I certify that (IX (this haspital) attended the deceased fram Oct. 19, 1967, to Nov. 15, 1967, that (IX (we) los saw the deceased alive an Nov. 15, 1967, and that death accurred 25 P. M, fram causes and an the date stated above
OR ATTENDING be retained by it DIRECTOR: After age 3 should be ded with the State		220_SIGNATURE 22b DATE S.GNED
REC 3 s		ATTENDING MED STAFF DY 33 36 67
AL OF L DIR L DIR filed		722, PHYS CHAN'S 22d ADDRESS
TO HOSPITAL OR A Page 4 may be re TO FUNERAL DIREC director, page 3 shauld be filed with the p		MAME (Type) GEORGE C. MC ELFATRICK, M. D. VAH, FT. HOWARD, MD.
N 4 P P P P P P P P P P P P P P P P P P	\ F	23d 8URIAL, CREMATION 23D DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
F. G. S.	}	PEMOVAI (Specify)
22 25	V F	A COURSE AND AN ADDITION OF THE COURSE OF TH
VR A15 (4)		CHAPTES S. ZELLER, MOV O A LOCK TOP I
25M 1/67	A	Baltimore, Md. 2122h
		A MALE VIOLEN TO THE CONTRACT OF THE CONTRACT



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14693 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) 1. PLACE OF DEATH o. STATE M o COUNTY MARYLAND 24 hours after b. CITY OR TOWN outside corporate mils. CLENGTH OF STAY IN 16 c CITY OR TOWN (if auts de corporate amits, write RURAL and give nearest town) work IS RESIDENC d. NAME OF HOSPITAL OR d STREET ADDRESS (If not in hospital, give street address) ON A FARM? YES NO f The law requires that the death certificate be executed within NAME OF Middle 4 DATE completely Year DECEASED (Type or print) DEATH and in any event, SEX 6. COLOR OR RACE AGE ( n years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED Jost birthdoy) Months Hours DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHA during most of working life, even if retired) 13. FATHER'S NAM 14. MOTHER'S MAIDEN, NAME burial, crematian, ar remaval, IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMAN (Yes, no, or unknown) (If yes give wor or dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one couse per lipe for (a), (b), and (c) signed by the burial-trans't ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending After this certificate has been be detached for use as the State Dept. af Health prior ta lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS'
PERFORMED? NO 200 ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20c TIME OF INJURY Month, Day, Year 20d. INIJRY OCCURRED 20e PLACE OF INJURY (Home, form (C by or town) (County) (Stote) Hour o.m. foctory, street, office bldg etc.) Not While of work of work 21. I certify that (I) (this haspital) aftended the deceased fram and that death accurred at 3:35M, from causes and TO FUNERAL DIRECTOR: saw the deceased alive on an the date stated above 22o SIGNATURE director, page 3 shauld be filed v MD PHYS DIRECTOR 22d ADDRESS 22c PHYSICIAN'S JOHN R. DAVIS 23C, NAME OF CEMETERY OR FREMATOR BUR AL CREMATION DATE THEREO! (County) (Stote) REMOVAL (Specify): 24 FUNERAL DIRECTOR REGISTRARIS SIGNATURE VR A15 (4) 25M 1/67



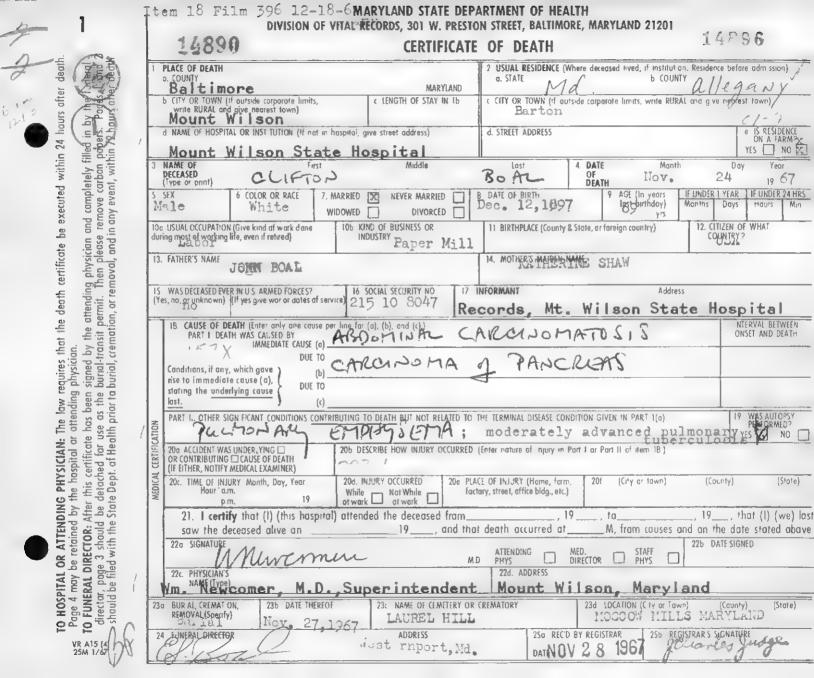
1 1	Division_of STATISTICAL_R	RESEARCH AND RECORDS, 30	PARTMENT OF HEALTH  W. PRESTON STREET, BAI	LTIMORE, MARYLAND 21:	201
1488	Item #7c ∞	CERTIFICATE	OF DEATH		14284
PLACE OF DEA     O. COUNTY      b CITY OR TOV     Write RURA.	TH  Baiting Compared Limits, and give nearest town)	2) 2) MARYLAND	O. STATE Mary len	parate limits, write RURAL and give	elImore
	SPITAL OR INSTITUTION (If not a hosp	give street address)	d. STREET ADDRESS 330 V		e is residence on a farm? Ve yes \( \) NO \( \)
3. NAME OF DECEASED (Type or print)  S SEX	First  Berth  6 COLOR OR RACE 7 MAR  WIDO	Middle  Sero her  RIED NEVER MARRIED DIVORCED DIVORCED	tost 4 DAT OF DEA		Day Year 19 47  I YEAR IF UNDER 24 HRS Days Hours Min
10o, JSUAL OCCUPA during most of wor	TION (Give k nd of work dane king life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & State of Germania) 14 MOTHER'S MAIDEN NAME	r foreign (ountry) 12. (I	TIZEN OF WHAT DUNTRY?
(Yes, na, or unknow	DEVER IN U.S. ARMED FORCES? wn) (If yes g. ve wor or dates of service)	_ M	NFORMANT BERNHEIM	Address Same	INTERVAL BETWEEN
PART I  / / 5  Canditions, if rise to imme	DUE TO	CARCIACO MATO CARCIACO MA STOBACO O LA	OF THE	OCARY ENIA '	ONSET AND DEATH
+ IND 200 ACCIDENT	CEREBRAL	TING TO DEATH BUT NOT RELATED TO  ACTICLOS  Ob. DESCRIBE HOW INJURY OCCURRED.	LEROSIS		19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF Hou	INJURY Manth, Day, Year r a.m. p.m. 19 certify that (I) (this haspital) of e deceased olive an	While Not While of fact	CE OF INJURY (Home, form, ary, street, affice bldg., etc.)	to 1/- / 4, 19	
22a SGNAT 22c. PHYSIC NAME (	are C. Lau	23c. NAME OF CEMPTERY OR	D ATTENDING MED. DIRECTO 22d ADDRESS  CREMATORY 23d,	R STAFF 22b. D PHYS  LOCATION (City of Town)	(County) (State)
24 FUNERAL DIR	m/30/6	ADDRESS BARRISON	250 REC'D BY REG	Randollation	SIGNATURE

1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA	ND					
4 224	1488\$ CERTIFICATE OF DEATH	5					
er death.  1 and 2 ter death.	1. PLACE OF DEATH a. COUNTY  Baltimore  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence be a. STATE b. COUNTY	fore admission)					
Pages ours af	b. CITY OR TOWN (if outside corporate limits, write RURAL and give write RURAL and give nearest town)  Cranite  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL and give Raltimore)	nearest town)					
24 hour filled In Sapers.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   d. STREET ADDRESS   e.	S RESIDENCE ON A FARM?					
within pletely sarbon p	3. NAME DF DECEASED Ollie Taggart Billingsley DEATH FOR OTHER OF THE PROPERTY	Year 19 67					
executed and com remove c	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO 8. OATE OF BIRTH JAST DIPLOMENTAL MINOR COLOR DIPLOMENTAL DIPLOME	UNDER 24 HRS. Hours   Mir.					
be ex iclan a ase re	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF COUNTRY?	WHAT					
ifficate g phys hen ple noval, a	At Home - Maryland USA.  13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME  Personal D. Moore and D. Mo						
th cerl ttendin mit. T	Robert B. Taggart  5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address P.O. (If yes pive war or dates of service)						
he dea y the a sit per mation		AL BETWEEN ANO OEATH					
that 1 ysiclan igned b ial-tran	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Introductable Congestive Heart Faylure OUE TO						
requires ding ph been si the bur r to bur	Conditions, if any, which gave rise to immediate cause (a), stating the OUE TO						
te law i r atten te has ise as ith prio	underlying cause last. (c) Generalized Arterias Ceras (18  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEASE CONDITION GIVEN IN PART 1(a) 19. W	AS AUTOPSY ERFORMED?					
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PLUGGE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIO	NO I					
G PHYSI by the ho er this e detact ate Depl	20c. TIME OF INJURY Month, Oay, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, farm, factory, street, office bldg., etc.)   4   4   4   4   4   4   4   4   4	(State)					
rtendin tained to TOR: Aff should b	21. I certify that (i) (this hospital) attended the deceased from 11 - 5 -, 1967, to 11 - 6 -, 1967, that saw the deceased alive on 11 - 6 - 1967, and that death occurred at 68-M, from the causes and on the date s						
IL OR Al ay be re DIREC page 3 s	22a SIGNATURE  Carrow Valle Courses M.O. ATTENDING MED. STAFF DIRECTOR STAFF PHYS.	D					
TO HOSPITAL OR Page 4 may be of VINERAL DIRE director, page 3 should be filed v	22c. PHYSICIAN'S NAME (Type) Dr. Cesar Valle Cavero 8029 Liverty Road, Randallstown, M 23a. BURIAL, CREMATION, 23b. OATE THEREOF 1 23c. NAME OF CEMETERY OF CREMATORY 1 23d. LOCATION (City, town or county)	(State)					
To a special of the s	23a. BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Burial 9 November 67 Noodlawn Cemetery Woodlawn Palto Co. 24. FUNERAL OIRECTOR ADDRESS 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATION.	Md.					
VR AI5 (4)	burgee Funeral Home, 3631 Folls Rd. Balto. Ed. DATNOV 10 1967 Minutes Ju	ye.					
V/	By: \ (Alle Translet fr	h					

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24\_baurs after death by the funeral aurs aftermeath PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE ALTIMORE MARYLAND b. CITY OR TOWN (It outside corporate limits, CLENGTH OF STAY IN 16 (If outside corporate limits, write RURAL and give nearest town) write RURA, and give nearest tawn S RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS HONE 4RSING YES NO Do NAME OF Middle Last DATE Dov Year DECEASED (Type or print) OF DEATH OC '2 19 remove car burial, cremation, or removal, and in any event 8. DATE OF BIRTH AGE (In years IF UNDER YEAR IF UNDER 24 HRS lost birthdoy) Months Dovs Hours WIDOWED and 10o. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY 2 physician SCCRC TURI 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) the haspital ar attending physician. signed by **DUE TO** Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse be detached far use as the State Dept. of Health priar ta has been last. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? CERT F CAT ON NO this certificate OR ATTENDING PHYSICIAN: 200 ACCIDENT WAS UNDERLYING . 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Doy, Year 20d INTURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) Hour om foctory, street, office bldg, etc.) Not While at work 10 FUNERAL DIRECTOR: After Page 4 may be retained by 21. I certify that (I) (this hospital) attended the deceased from\_ 4-11-, 1966, ta 11-27-, 1967, that (1) (we) last saw the deceased alive on 11 - 22 - 1967, and that death accurred at 10 > 5 M, from causes and an the date stated above 22o. SIGNATURE 22b DATE SIGNED ATTENDING M.D. PHYS DIRECTOR director, page Schauld be filed 22d. ADDRESS 22c. PHYSICIAN'S CAVERO 8629 NAME (Type) 1056 230 BURIAL, CREMATION, 23b DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY 23d .OCATION (C ty or Town) (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR ADDRESS 2So REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4 25M 1/67 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14898 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY b. COUNTY BALTO MARYLAND b (ITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c CITY OR TOWN (if autside carparate limits, write RURAL and give nearest tawn) C. LENGTH OF STAY IN 16 ESSEX d NAME OF HOSPITA, OR INSTITUTION (If not in haspital, give street address) B IS RESIDENCE ON A FARM? d STREET ADDRESS 302 LORRAINE NO F The law requires that the death certificate be executed mathility 3. NAME OF 4 DATE remave carban Last Manth Day DECEASED OF DEATH ALEXANDER BORSOS and in any event, NOV. 19 S. SEX 9. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HR 7 MARRIED THE NEVER MARRIED 8. DATE OF BIRTH last birthday) SEPT. 14 1905 WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done TOP KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? ETH. STEEL 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal DANIEL BORSOS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, arunknawn) (If yes give war ar dates af service) 213-07-31451 VIREINIA BORSOS UNK 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: ONSET AND DEATH GENERALIZED METASTATIC IMMEDIATE CAUSE (a)\_ 1775 DUE TO CARCINOMA, PRIMARY SITE Canditions, if any, which gave nse ta immediate cause (a), DUE TO UNDETERMINEO IYR stating the underlying cause PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? NO V 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f (City or town) 20c TIME OF INJURY Month, Day, Year (County) (State) factory, street, affice bldg., etc.) at work 21. I certify that (I) (this haspital) attended the deceased fram MAR 30, 19 37 to NOV 21, 1967, that (I) (we) last saw the deceased alive an NOV 21 1967, and that death accurred at 625 PM, fram causes and an the date stated above. 22g, SIGNATUR 22b DATE SIGNED MED DIRECTOR 22d. ADDRESS O HOSPITAL 108 S.TAYLOR director, should be 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) 230 BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) GARDENS FAITH BALTO. BURIAL 24 FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 5. CONNELLY 300 MACE DATE 50105



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14699 14893 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death and funeral 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, function Residence before admission) o. COUNTY b COUNTY Maryland Baltimore MARYLAND led in by the fappers appear b CITY OR TOWN (If outside corporate mits, write RURAL and give nearest town)

Fort Howard CLENGTH OF STAY IN 16 c CITY OR YOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore days d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS filfed 8025 Bank Street NO K Veterans Administration Hospital carbon NAME OF Middle 4 DATE Month First Year DECEASED GEORGE BOTTLEMACE 19 67 NOVEMBER 10 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 9 AGE (In years s SEX 6 COLOR OR RACE 8. DATE OF BIRTH 7 MARRIED NEVER MARRIED remave 7 ast birthdoy Hours White Male 10/13/96 WIDOWED XX DIVORCED burial, crematian, ar remayal, and in any physician and 10o USUA. OCCUPATION (Give kind of work done during most of working life, even if retired) 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 C TIZEN OF WHAT please **INDUSTRY** U.S.A. Baltimore, Maryland City Chauffeur

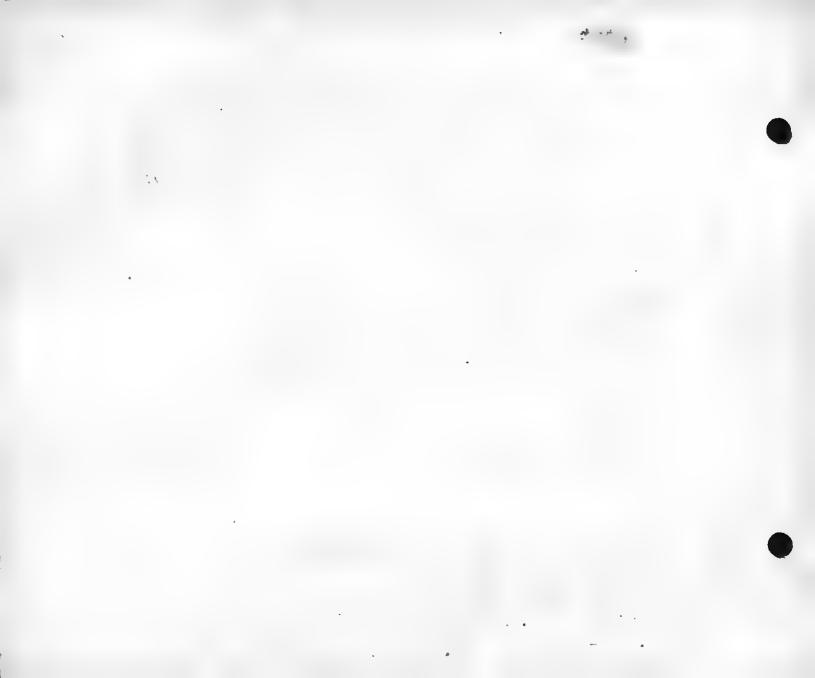
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the attending phy-Margaret Holty Henry Bottlemace 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) 218-07-77-81 Clinical Records, VAH, Fort Howard, Md. Yes INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY signed by the burial-tronsit ONSET, AND DEATH CANCER OF LARYNS IMMEDIATE CAUSE (o) the haspital or attending physician. 101/ Conditions, if any, which gove CHRONIC BRONCHITIS use to immediate cause (o), TIME TO stoting the underlying couse has been be detached far use as the State Dept. of Health priar to ARTERIOSCLEROTIC HEART DISEASE 19 WAS AUTOPSY PERFORMED? PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO I certificate 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port Lor Port Lof item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INJRY OCCURRED 20e PLACE OF INJURY (Home, form, (( by or fown) (Caunty) (State) Hour To.m. foctory, street, office bldg., etc.) of work FUNERAL DIRECTOR: After à 21. I certify that (this haspital) attended the deceased from November 7, 19 67, to November 10 (we) last saw the deceased alive an November 10 19 67, and that death accurred at 12:25 After am causes and an the date stated above be retained director, page 3 should should be filed with the 22o SIGNATURE 22b. DATE S GNED 11/10/67 GRACITO V. PATRICIO. M.D. M.D. DIRECTOR 22d ADDRESS 22c PHYSICIAN S NAME (Type) VA HOSPITAL, FORT HOWARD, MARYLAND 230 BUR AL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF (Stote) PECD, BY, REGISTRAR'S SHAN 2 Burial Baltimore National 24 FUNERAL DIRECTOR VR A15 (4) Beltimore, Maryland ZANNINO FUNERAL



MARYLAND STATE DEPARTMENT OF HEALTH



# A1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	'LAND
章 章 章	24895 CERTIFICATE OF DEATH	003
death.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence and County)	e before admission
/ > 3 - 5	Baltimer & MARYLAND MARYLAND B. STATE Merylend B. COUNTY Bult	IMICEE
Pages urs aft	b. CITY OR TOWN (if outside corporate limits, write RURAL and g write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and g	ive nearest town
<u> </u>	Towson 35 Days Towson	
24 h	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS	8. IS RESIDENCE ON A FARM?
	GREATER DOLLIMORE MEDICALE CALLE 400 DIARBIT NA	YES NO
within pletery arbon part, within	3. NAME DF First Middle Last 4. DATE Month Day OF	y Year
~ <u>₽</u> .ஜ. <u>=</u>	(Type or print) ACNN HICY STUS BROAT DEATH	1967
executed 1 and com 1 emove 10 any eve	Markies A Never Markies   Months   Days	Hours   Min.
execuin and removin any	WIDOWED DIVORCED J. 24//J 5 yrs. 10a, USUAL OCCUPATION (Cive kind of work done   1Db. KIND OF BUSINESS OR   11. BIRT HPLACE (County & State, or foreign country)   12. CITIZEN	1 OF WHAT
	during most of working life, even if retired) INDUSTRY COUNTR	Y?
ate hysi ple	13. FATHER'S NAME	5
tific lg p hen nova	Talan 1 8 Radi	
ren Ten	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 1.17. INFORMANT	
death certificate be ex e attending physician a permit. Then please re ion, or removal, and in	(Yes, no, or unkown) (Hyes give war or dates of service)	
the true	1 0 0 0 0 1	ERVAL BETWEEN
ulres that the death r physician. n signed by the atter burial-transit permit. burial, cremation, or	PART I. DEATH WAS CAUSED BY: (2000) One True Saulus	SET AND DEATH
that icia ned II-tra	4201 IMMEDIATE CAUSE (a) La Caro / Conspirations 7	
phys sig nuria	[ Conditions, If any, which ] (b) Wats Con draw (ma anchan)	
ding ding been the b	gave rise to immediate cause (a), stating the DUE TO	
law requirent trending I has been as the brior to brior to the brior t	underlying cause last. (c)	
The law requires that the death certificate be or attending physician. cate has been signed by the attending physician r use as the burial-transit permit. Then please ealth prior to burial, cremation, or removal, and in	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.  2Da. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	WAS AUTOPSY PERFORMED?
Lor under the all the	YI	ES NO
PHYSICIAN: The la the hospital or att this certificate h detached for use e Dept. of Health	2Da. ACCIDENT WAS UNDERLYING [] CAUSE OF DEATH   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of In)ury in Part I or Part II of Item 18.)    Control of the control of	
HYSICI he hos this ce etache Dept.		
PHYSI the h this detac	2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bidg., etc.) p.m. 19 at work at work	(State)
d by t		
L OR ATTENDING  y be retained by  DIRECTOR: After age 3 should be filed with the Stat		hat (I) (we) las
ATT ATT CTO CTO Shu (ith	saw the deceased alive on 196), and that death occurred at 197 M, from the causes and on the dal	
DR be	Duhum M. Banes ATTENDING MED. STAFF	OHLD
rat may At 1 pag e fill	22c. PHYSICIAN'S 22d. ADDRESS	
HOSPITAL age 4 maj FUNERAL irector, pa	NAME (Type)	
TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR. After this certificate has been signed bidirector, page 3 should be detached for use as the burial-transshould be filled with the State Dept. of Health prior to burial, creating the prior of burial, creating the prior of the purial of	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
E	Buraial   Nov. 8, 1967   Dulaney Valley Cemetery   Cockeysville, Maryla	
XIL	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. RECISTRAR'S SICK	IATURE
VR A15 (4)	Wm. Cook-Brooks Towson 1050 York Road 21204 NOV 8 1967   Charles Ju	0



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14502 OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death Inneral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived of institution Residence before admission) o. COUNTY o. STATE 5. COUNTY Baltimore Baltimore MARYLAND b (TY OR TOWN (If outside corporate mits, write RURAL and give nearest town) c (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b. Pikesville & Nd. 20 vrs. d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RÉSIDENCI ON A FARM? d. STREET ADDRESS 4233 kili ora kill ka., rikesville 8, ka. 2233 ill org iall ad YES IN NO A 3. NAME OF 4 DATE remove carbon Year DECEASED OF DEATH bursol, cremotion, or removal, and in any event, (Type or print) Joseph Francis Branick NOV. 6. COLOR OR RACE JE LINDER 24 HRS 7. MARRIED TAT NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years IF JNDER 1 YEAR lost birthdoy) Months Doys WIDOWED DIVORCED March 17,1897 physicion and c White Lale 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? Chier Clerk R. Exp. Railway Express Baltinore, Md.

14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Frank S. Branick Frances Gioold 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes give wor ar dates of service 17 INFORMANT 16. SOCIAL SECURITY NO. Address Pikesville, . i. Frs. percha L. Branick, 4233 Millione hall Rd. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY. signed by the burnal-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) assessma of the Poge 4 may be retained by the hospital or attending physicion. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse has PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPS' PERFORMED? NO 200 ACCIDENT WAS UNDERLYING 20b DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part I of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INIJRY OCCURRED 20e PLACE OF INJURY (Home, form, 2Dr. TIME OF JOURY Month, Day, Year (City or town) (County) (Stote) Hour 'o.m. factory, street, office bldg., etc.) of work 21. I certify that (1) (this hospital) attended the deceased fram.... 1962, to 18/1/5, 19/1, that (1) (we) last director, page 3 should should be filed with the saw the deceased alive an 16 Nove 1967, and that death accurred at 5 23M, from causes and on the date stated above. O FUNERAL DIRECTOR: 220 SIGNATURE 22b. DATE SIGNED 226. PHYSICIAN'S 22d. ADDRESS NAME (Type) Cothey's Michkel, Resutrustain. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATOR'S 230 BUR AL CREMATION. REMOVAL (Specify) Nov 21,1967 Loudon Park Cemetery 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14897 14903 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESTRICTION and ceased lived if institution Residence before admission? o COUNTY a STATE Baltimore County MARYLAND delay b CTY OR TOWN (If outside carporate mits, write RURAL and a ve nearest town) CLENGTH OF STAY N 16 c CITY OR TOWN (If outs de carparate limits, write RURAL and give nearest town) ond M3. Baltimore d STREET ADDRESS a NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street godress) S RESIDENCE ON A FARM? St. Joseph's Hospital 1831 White Oak Ave YES NO TO in Item 18. Give Poges hours after death 3. NAME OF 4. DATE Month Year olong with First Last Day DECEASED Nov. 23 1967 Ellen 10000 Bunce (Type or print) Marv PROCE DEATH IF UNDER 1 YEAR 9 AGE (In years S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 7 MARRIED NEVER MARRIED Months Days Haurs Fomale: White 2/3/21 2/6/1900 event within 72 hours ofter death. W DOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done during most of working fe, even if retired) 11 B.RTHPLACE (State or foreign country) 10b KIND OF BUSINESS OR 2 CIT ZEN OF WHAT INDUSTRY Maryland Book Keeper nternal Revenue in pencil in Exominer s 14 MOTHER'S MA DEN NAME This certificate should be executed within Mary A White Thomas Murphy 17 INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address e, writing the word "pending" in forworded to the Chief Medical (Yes, na, ar unknown) (If yes give war ar dates of service Mr G. Allan Bunce 4519 Keswick Rd No INTERVAL BETWEE 18 CAUSE OF DEATH (Enter only one cause per ne for (a), (b) DONSET AND PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, fany, which gave rise to immediate cause (a), DUE TO stating the underlying cause last 19. WAS AUTOPSY PERFORMED? PART II OTHER S GNIFICANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 140) or removal, please execute the certificate, NO / 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of inury in Part or Part II of item 18) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form (City or fown, (County) (State) Nat While Hour a.m factory, street, office bldg., etc.) Your FUNERAL DIRECTOR: Page at work at work 21. I certify that I took charge of the remains described above, he'd an Autapsy , Inquiry Inspect on and in my opinian death resulted from Matural causes Suicide Hamicide Undetermined manner Accident be retoined CHIEF MEDICAL EXAMINER 22/ DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MED CAL EXAMINER NAME (Type) Charles F. O'Donnell Heo th Address (Street, city Itawn, or county) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION (County) 50 REMOVAL (Specify) New Cathedral Baltimore Md NOV 2 4 19 24 FUNERAL DIRECTOR 25b REGISTRAR S SIGNATURE VR ATSME (S 6M 1/67 Leenard J Ruck Inc 5305 Harford Rd

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1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	RYLAND
# E2#	1489 CERTIFICATE OF DEATH	004
after death.  the funeral grs. Land 2 safter death.	1. PLACE OF DEATH a. COUNTY  BALTIMORE  MARYLAND  2. USUAL RESIDENCE (Where deceased fived, If Institution: Residence as STATE MARYLAND b. COUNTY BATE	ence before admission
	b. CITY DR TDWN (if outside corporate limits, write RURAL and write RURAL and give nearest town)  c. CITY DR TDWN (if outside corporate limits, write RURAL and	give nearest tow
_ 8 .5 . 2	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS, 35 Jan 2007	A IS RESIDENC
	GREATER BALTIMORE MIEDICAL CENTER WATGINF MICHERICES 1911.	0. IS RESIDENCE DN A FARM? YES NO
withi poletell sarbon nt, wil	3. NAME OF First Middle Last 4. DATE Month OF	Day Year 19 67
The law requires that the death certificate be executed within- or attending physician.  ate has been signed by the attending physician and completely is use as the burial-transit permit. Then please remove carbon pealth prior to burial, cremation, or removal, and in any event, within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years   FUNDER 1 YE last birthday) Months   Day	AR IF UNDER 24 HE
ires that the death certificate be execuphysician. I signed by the attending physician and burial-transit permit. Then please remoburial, cremation, or removal, and in any		EN OF WHAT TRY?
nysic plea I, an	13. FATHER'S NAME   BALTIMORE, M-D.	
ng pi Then mova	REDERT GEORGE BURK Virginia BARKER	
or re	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT. (Yes, no, or unknown) (If yes give war or dates of service)	24 - 5 %
he a per tion,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	TERVAL BETWEEN
arrenoing physician, has been signed by t e as the burial-transit h prior to burial, crema	PART I. DEATH WAS CAUSED BY: A 5 PIRATION PNEUMONIA	INSET AND DEATH
signe urial-t	Cenditions, If any, which (b)	11 hrs.
the to	cause (a), stating the DUE TO	
h pri	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
certificate has located for use as the for use as the form of the state of the stat	FICA	YES NO
e Dept. of	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  20a. ACCIDENT WAS UNDERLYING DEATH OF DEATH OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert 1 or Part II of Item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED And Injury Occurred Factory, Street, office bldg., etc.)  While at work at w	(State)
S		that (i) (we) la
	saw the deceased alive on // - 4 19 67, and that death occurred at 5 2 M, from the causes and on the c	date stated abov
	dilia C-Baldonado M.D. ATTENDING MED. STAFF DI 11-4	
	22C. PHYSICIAN'S NAME (Type) LILIA C. BALDONADD 22d. ADDRESS - G. BMC -	
director, page 3 shouls sllould be filed with the	23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county, REMOVAL (Specify)	) (State)
	BURIAL Nov. 7, 1967 Woodlawn Cemetery Woodlawn, Balto. ( 24. FUNERAL DIRECTOR ADDRESS   25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SI	Co. Md.
A	STEWART & MOWEN CO., 108 W. North Av., Balto. DATE NOV 7 1987 givente	y Yarnes
5//	· · · · · · · · · · · · · · · · · · ·	77 77



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14985 14899 CERTIFICATE OF DEATH ter-death. requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) Pages 1 and PLACE OF DEATH o. COUNTY o. STATE h COUNTY Florida Baltimore MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate 1 mits, write RURAL and give nearest town) c LENGTH OF STAY IN 15 cremation, ar removal, and in any event, within 72 hours. Jacksonville OUNOR and campletely filled in the e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS please remave carban papers 6182 Chester Avenue St. Joseph Hospital, Towson, Md. 21204 NO DO Middle 4. DATE 3 NAME OF DECEASED November 24 BURTON 67 Baby Boy (Type or print) DEATH IF UNDER 24 HRS. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED X lost pirthdoy) Months Hours 18 11-23-67 White Male WIDOWED DIVORCED 31 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done during most of working into, even if retired) 10b KIND OF BUSINESS OR COUNTRY? Baltimore, Maryland the attending physician sit permit. Then please 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Iris Hofferberth Burton James 17. INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) None Parents CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))
PART 1. DEATH WAS CAUSED BY:
Prematuri INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH - Atelectasis Prematurity IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse as the Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPS'
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 3 should be detached far use with the State Dept. of Health p NO X 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work 11-24 , 197, that (I) (we) lost 21. I certify that (I) (this haspital) attended the deceased from\_ 11-23-67 . 19 . to 19.67, and that death occurred at NOON M, from causes and on the date stated above. sow the deceosed olive on.... 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** MED. DIRECTOR 11-24-67 X M.D. director, page 3 should be filed v 22d. ADDRESS 22c. PHYSICIAN'S 7620 York Road, Baltimore, Maryland 2120 NAME (Type) Jose A. Aguto 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23o. BURIAL, CREMATION Cacksonville. liverside renorial lark Jov. 27.690 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR NOV 2 8 24//FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

8.77

B. IS RESIDENCE ON A FARM?

Year

19 67

Hours

Dundalk

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

YES

DATE SIGNED

(County)

DATEDEC

NO X

(State)

(State)

YES

Day

Days

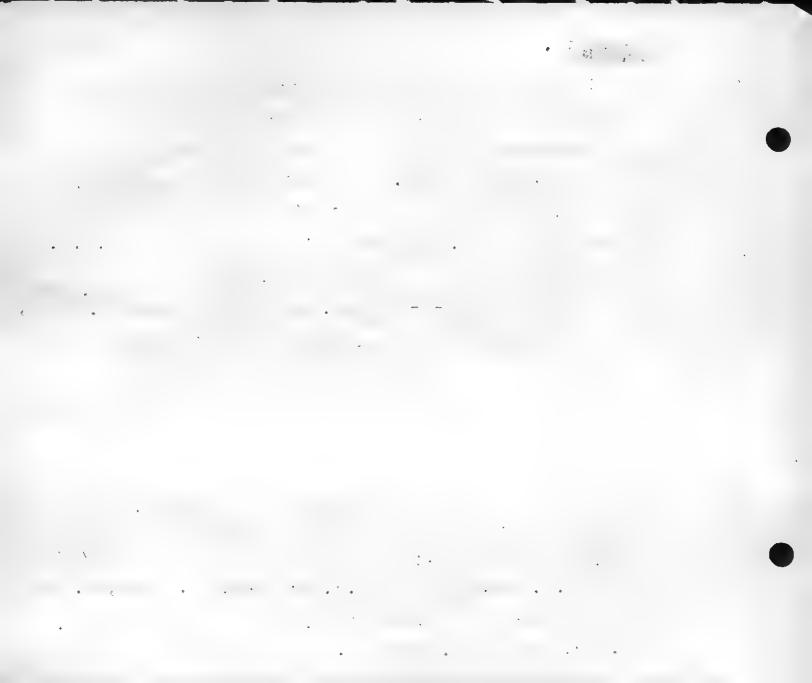
COUNTRY?

U. S. A.

12. CITIZEN OF WHAT

NO.

VR #15 (4) 20M 1/65



hours ofter

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14907

2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY ( \* - > MARYLAND b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Catonsville c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits write RURA, and give nearest town) within 72-hours af Catonsville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. S RESIDENCE 6120 Wheatland Rd. - Westview Sum itt Nursing Holae NAME OF Middle 4 DATE Month # Lost Doy Year completely carban DECEASED OF Catherine Sullivan Busey 1 NOV . (Type or pnnt) DEATH 5 SEX 6 COLOR OR RACE DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER VIMINAL REDUCE A. TA 9 AGE (In years ost-bythday) Cauc. Hours 1/20/96 XIXORCED: XX and in any WICKSTREET X X IDo USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT physicion o dalto., Md. COUNTRY Bakery 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, Sullivan 1S WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. INFORMANT John R. Pelton Wheatland Rd. - 21228 cremotion, 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART 1 DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH signed by the buriol-tronsit buriol, cremoti IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove nse to immediate cause (a), DUE TO stating the underlying couse os the the haspitol or ottending WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health 3 NO. this certificate 200 ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour a.m. factory, street, office bldg., etc.) Not While of work 21 1 certify that (I) (this haspital) attended the deceased from I Good that death accurred at 11.55 m, fram causes and an the date stated above TO FUNERAL DIRECTOR: saw the deceased alive an 220 SIGNATURE 22b DATE SIGNED PHYS egdirector, pogs should be filed 22d ADDRESS 3326 22r PHYSICIAN'S Frederick ave. NAME (Type) 230 BURIAL CREMATION 235. DATE THEREOI 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote REMOVAL (Specify) New Cathedral Com. Baltimore, rid. 14/6/67 24 FUNERAL DIRECTOR ADDRESS 2So REC D BY REGISTRAR - 4101 Edmondson Ave.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, 24 be retained VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14902 14908 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY b. COUNTY o. STATE BALITIMORE b CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) FORT HOWARD 21218 BALTIMORE 9 DAYS e 15 RES DENO a NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM 750 MC KEWIN AVENUE VETERANS ADMINISTRATION HOSPITAL YES 3 NAME OF Middle 4 DATE First East Month Day Year DECEASED CARMINE, SR. DEATH NOVEMBER BERNARD JOHN (Type or print) F UNDER I YEAR IF JNDER 24 HRS S. SEX B. DATE OF BIRTH 9 AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED ips) birthday) 11/9/23 MALE WHITE WIDOWED DIVORCED 10a USJAL OCCUPATION (Give kind of work done during most of working life even first red)

ELECTRICAL MAINTENANCE 11 BIRTHPLACE (County & State or foreign country) 10b KIND OF BUSINESS OR 12 CTIZEN OF WHAT BLACK & DECKER TOOL CO NORTH LINTHICUM, MD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EARLE J. CARMINE MARY ALICE BURNESTON 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, na, ar unknawn) (If yes give war ar dates of service) 212 18 40 01 CLIN. RECORDS, VA HOSPITAL FT HOWARD, MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) RECENT DEATH PART I. DEATH WAS CAUSED BY BRAIN ABSCESSES. MULTIPLE IMMEDIATE CAUSE for BUICK RECEIVE BRONCHOPNEUMONIA Canditions if any, which gove nse ta immediate couse (a), CONDUCTO stating the underlying cause LYMPHATIC LEUKEMIA, TREATED, OLD PART I OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? YES NO 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 4 or Part 4 of item 18) 20a ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm, (City at town) (County) (State) 20c T.ME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Hour a.m. factory, street, affice bldg., etc.) Nat While at wark of work 21. I certify that ( $\frac{1}{2}$ (this haspita) attended the deceased framsaw the deceased alive an  $\frac{11}{17}$ /67 19 , and the 11/9/67 and that death accurred at 30AM, from causes and an the date stated above 22a. SIGNATURE 22b. DATE SIGNED 11/17/67 M.D DIRECTOR PHYS

22cf PHYSIC ANS 23a BURIAL, CREMATION 24 FUNERAL DIRECTOR

23b DATE THEREOF

JOHN D. TALBERT, M. D.

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION (City or Town)

VAH FORT HOWARD, MARYLAND

(County) (State) LOUDEN PARK NATIONAL CEMETERY BALTIMORE, MARYLAND 250 REC'D BY REGISTRAR

ADDRESS JENKINS FUNERAL HOME

25M 1/67

requires that the death certificate be executed within 24 hours after death

Poges

attending physician sermit Then please

signed by the burial-transit

QS

by the hospital or attending physician.

Page 4 may be retained

O FUNERAL DIRECTOR:

director, page should be filed

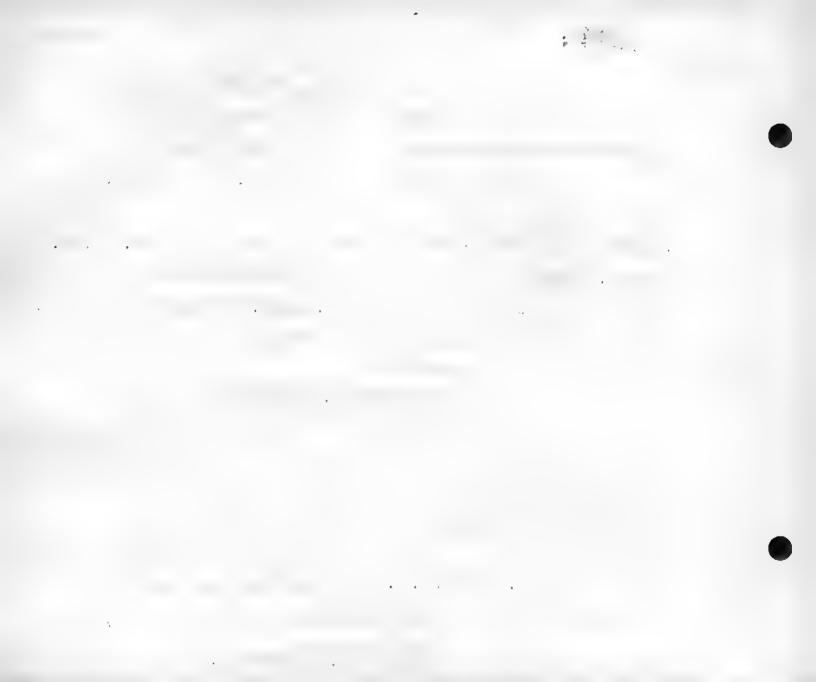
ar remayal,

, cremation,

4905 YORK ROAD, BALTTHORE, MD

22d. ADDRESS

2Sb. REG STRAR S SIGNATUR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14902 14909 CERTIFICATE OF DEATH law requires that the deoth certificate be executed within 24 haurs after death ond. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) funero p. COUNTY o. STATE **b** COUNTY Boltimore MARYLAND b CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 pulside corporate limits, write RURAL and a ve nearest town) write RURAL and give nearest town) 10 days d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? completely/fiffed 5310 Greater NO D YES NAME OF Lost DATE Month Year remove corbori DECEASED OF Carne vale and in ony event, Samue 1961 (Type or print) DEATH S. SEX AGE ( n years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH lost birthdoy) Months Dovs Hours WIDOWED DIVORCED 100 LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ense during most of working life, even if retired) COUNTRY? INDUSTRY physicion Unknown USA Unknown 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAM a buriol, cremation, or removal, offending phys De Bei ancesco arnevale WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (if yes give wor or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the buriol-tronsit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that Poge 4 may be retained by the hospital or attending physician. DUE TO Internation Holans Conditions, if ony, which gove lapedowin Konsyl (b) rise to immediate couse (a), DUE TO stating the underlying couse State Dept. of Health prior to hos been os the lost. WAS AUTOPSY PERFORMED? PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) use NO certificote P INJURY OCCURRED (Enter noture of injury in Port I or Port I of item 18) 200 ACCOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bldg., etc.) Not While ot work ot work 2). I certify that (I) (this haspital) attended the deceased from Noo 19 , 1962, that (I) (we) last 1967, and that death accurred at 850M. saw the deceased alive an Nov from causes and an the date stated above. O FUNERAL DIRECTOR: 22o. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR M.D PHYS director, page should be filed filed y 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) MID 23c NAME OF CEMETERY OR CREMATORY 230 BURIA, CREMATION. REMOVAL (Specify) Holy Rodumen lair Rd. Ball. Mad REG STRAP'S SIGNAT 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 DATE

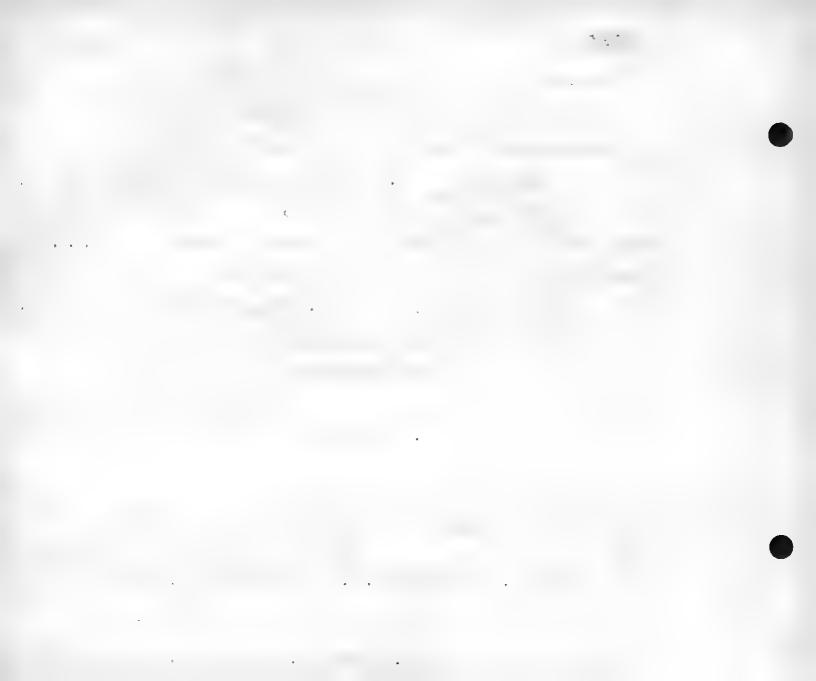


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14904 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 15 b CITY OR TOWN (If outside corporate limits. outside corporate mits, write RURAL and give nearest town ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hauge e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) burial, cremation, ar removal, and in any event, within 72 pape NO X YES attending physician and campletely f permit. Then please remave carban 3. NAME OF DATE Lost Dov Year DECEASED OF DEATH Type or print IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED DATE OF BIRTH AGE (In years IF UNDER 24 HRS **NEVER MARRIED** Jost birthday) Months Doys Hours WIDOWED OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR APLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even fretired) COUNTRY? INDUSTRY, FOUSEWOIK 3. FATHER'S NAME 17. INFORMAN WAS DECEASED EVER IN ILS ARMED FORCES? 16. SOCIAL SECURITY NO. Address permit. (Yes, no, or unknown) (If yes give war or dates of service 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO 2410 Conditions, if ony, which gove rise to immediate cause (a), sea tar use as the b t of Health priar tab DUE TO stating the underlying couse has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION NO cert,ficate 20o ACC DENT WAS UNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) directar, page 3 shauld be detache shauld be filed with the State Dept MEDICAL 20c TIME OF INJURY Month, Day, Year 20e PLACE OF INILRY (Home, form, 20d INJURY OCCURRED (City or town) (County) (Stote) TO FUNERAL DIRECTOR: After this Hour om factory, street, office bldg, etc.) Not White of work 21 I certify that (1) (this hospital) attended the deceased from 19 that (I) (we) last \_\_, and that death accurred at\_ M. fram causes and an the date stated above sow the deceased alive an \_\_\_\_NIN 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D PHYS. DIRECTOR PHYS 22d. ADDRESS 22c PHYSICIAN'S rederick Beither NAME (Type) rancis A director, 230 BUR AL CREMATION SREMOVAL (Specify) 23d LOCATION (City or Town) (County) (State) uria ADDRESS 24. FUNERAL DIRECTOR REGISTRAR S. SIGNATURE VR A15 (4)

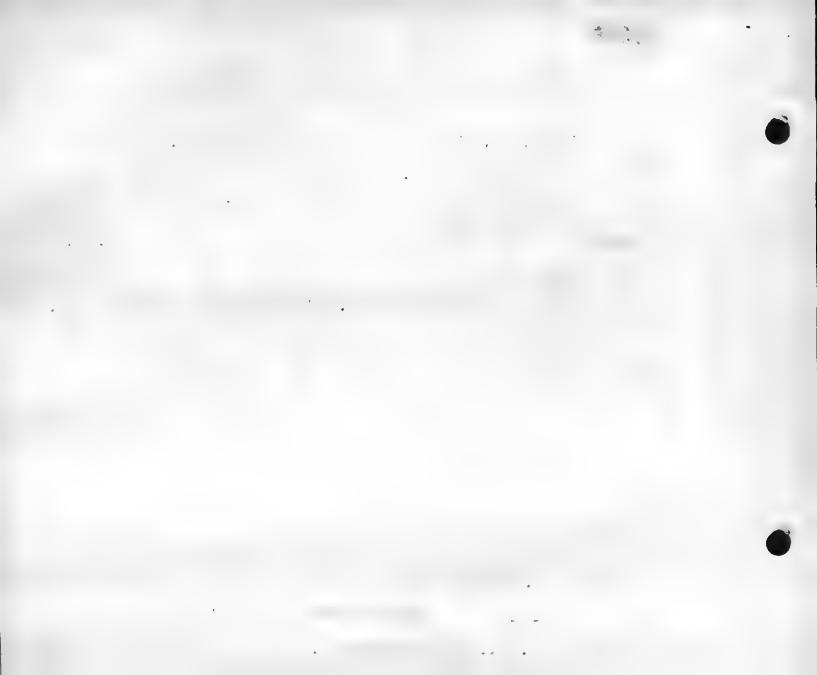


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14905 CERTIFICATE OF DEATH 6462 eath. that the death certificate be executed within 24 hours ofter death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY b. COUNTY MARYIAND BALTIMORE MARYLAND b. CITY OR TOWN (If autside carparate iimits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) BALTIMORE 15 DAYS d. NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 2262 LINDEN AVENUE VETERANS ADMINISTRATION HOSPITAL NO First NAME OF Middle 4. DATE DECEASED 67 CARTER NOVEMBER ARMSTEAD M. 19 (Type or print) DEATH S SEX 8. DATE OF BIRTH 6. COLOR OF RACE 7 MARRIED NEVER MARRIED AGE (In years remove 9/7/95 MALE NEGRO WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT physicion a nen please during most of working life, even if retired) RICHMOND, VIRGINIA LONGSHOREMAN 13. FATHER S NAME 14. MOTHER'S MAJDEN NAME or removal. MARIA FLEMING CORNELIUS CARTER 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO (Yes, na, ar unknown) (If yes a ve war or dates at service) 214 05 35 21 CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: HEMORRHAGE, MASSIVE CASTRO INTESTINAL IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove ADENOCARCINOMA PROSTATE rise to immediate couse (a). DUE TO stoting the underlying couse 19 WAS AUTOPS'
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) YES X . RECENT. PULMONARY CONGESTION & IDEMA NÔ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part I of tem 18) 20g ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) T ME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) Haur a.m. Not While factory, street, affice blda..etc.) . 19 21 | certify that (IKIthis haspital) attended the deceased from , and that death accurred at 5:45PM, fram causes and an the date stated above saw the deceased alive on\_\_\_\_ FUNERAL DIRECTOR: 22g. SIGNATURE 22b DATE SIGNED ATTENDING MED. DIRECTOR 11/30/67 M.D. 22d ADDRESS GEORGE C. MC ELFATRICK, M. D. VAH FORT HOWARD, MARYLAND 236 DATE THEREOF 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION. (County) (State) direct 12-4-67 BAITIMORE. MARYLAND BALTIMORE NATIONAL 2 250 RECD BY REGISTRAR

LAW FUNERAL HOME



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E A TO YE		29500 CERTIFICA	TE OF DEATH	14017	
deal de la constant de	1.	PLACE OF DEATH 3. COUNTY	2. USUAL RESIDENCE (Where deceased liv	ed, If Institution: Residence before admission b. COUNTY	
e e e		BALTIMORE MARYLAND	a. STATE MARYLAND	b. COUNTY /	
afte yy the ages s afte		b. CITY DR TOWN (If outside corporate limits, write RURGL and give nearest town)		mits, write RURAL and give nearest town	
in b		111/27/11/2	BALTIMORE	( /	
Page 1		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	s) d. STREET ADDRESS	e. IS RESIDENCI ON A FARM?	
2 意理		11 SLADE AVENUE, APT. 711	11 SLADE AVENUE, APT.	711 #21208 YES NO	
W Sept.	3.	NAME OF First Middle DECEASED	Last 4- DATE	Month Day Year	
rted with complete ve carbo event, wi		(Type or print) EMANUEL G.	CARTON DEATH NOU	YEMBER 24, 1967	
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ath certificate be e attending physician a rmit. Then please n n, or removal, and in	qui	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1 10b. KIND OF BUSINESS OR 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11. BIRTHPLACE (County & State, or foreig	n country)   12. CITIZEN OF WHAT COUNTRY?	
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ifica g ph en oval	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
certifica Iding ph Then removal	15	EDWARD CARTON WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   1	ESTHER ?	Address	
th c	(Ye	no, or unknwn) (If yes give war or dates of service)			
dea he a peri	<u> </u>	NO 1 203-20-0 170 UR	S. SELMA CARTON, 11 SLA	DE AVENUE, APT. 711	
uires that the death ce g physician. an signed by the attend burial-transit permit. o burial, cremation, or re		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	000	INTERVAL BETWEEN ONSES AND DEATH	
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s the special state of the spe		DUE TO	0	·	
uire g ph sn s bu		Conditions, if any, which gave rise to immediate (b)			
ttending pttending phas been as the bu		cause (a), stating the DUE TO underlying cause last.			
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The or a sate r use eaith	SATI	DA ATOR		PERFORMED?	
N: Tall for for He	CERTIFICAT	20a. ACCIDENT WAS UNDERLYING []   20b. DESCRIBE HOW INJURY OF	CURRED. (Enter nature of injury in Part I or	المال المال المال	
ospi cerr cerr hed t. or	E E	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
PHYSICIAN: The law requires that the hospital or attending physician. This certificate has been signed betached for use as the burial-trance Dept. of Health prior to burial, cre	됭	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. F	LACE OF INJURY (Home, farm,   20f. (City or	town) (County) (State)	
ING PH 1 by th Affer t be de State	MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	ctory, street, office bldg., etc.)		
Aft Aft e St	2	21. I certify that (I) (this hospital) attended the deceased from.	"Nov 19/17 to 126	Land 19 that (I) (we) las	
OR ATTENDIO De retained De retained DIRECTOR: A Se 3 should Sed with the S		11/20 /0		causes and on the date stated above	
RECTE 3 s with		22a. SIGNATURE	455	22b. DATE SIGNED	
y be age			M.D. PHYS. MED. STA	s. 0 11/24/67	
TAI MAL		NAME (Type) OR PERMARA PURCELL	22d. ADDRESS - to the	- Pl Roll mid	
O HOSPITAL OR ATTENDIN Page 4 may be retained E O FUNERAL DIRECTOR: Aff director, page 3 should b should be filed with the SI		UK. DERNAKU BUKGIN	0/21/ELAMISICA	X ICA, MUMO . TIVO.	
Page O Figure Short	<b>2</b> 3a	REMOVAL (Specify)		(City, town or county) (State) RE. MARYLAND	
	24	BURTAL 11-24-67 BALTIMORE FUNERAL DIRECTOR ADDRESS		25b. REGISTRAR'S SIGNATURE.	
VR A15 (4)	L.		1000	Micheles 2	
15M 4-64	50	LEVINSON & BROS. INC., 6010 REISTERSTOR	UN RD.   DATE OV 2 8 1961	· · · · · · · · · · · · · · · · · · ·	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE Maryland b. COUNTY Baltimore Baltimore MARYLAND Pages CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (if putside corporate limits, write RURAL and give nearest town) Hours Towson Dundalk rbon papers. within 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? St. Joseph Hospital 170h Holaview Road NO PC YES within completely NAME OF First Middle Last 4. DATE Month Year DECEASED DF event, car DEATH (Type or print) John F. Cassiday November 19 6 executed 5. SEX 6. COLOR OR RACE AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 7. MARRIED T NEVER MARRIED геточе last birthday) Months Davs Hours ( and any Male White 56 WIDOWED . Jan. 1911 OIVORGED I \_a.⊑ physician and ph 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be INDUSTRY COUNTRY? Principal Overlea High School U. S. A. TOWN Then ple removal, a 13. FATHER'S NAME transit permit. Then p MOTHER'S MAIDER NAME Robert C. Cassiday Nellie LaMay 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Wife) 16. SDCIAL SECURITY NO. AddressDundalk. Md. (Yes, no, or unkown) (If yes give war or dates of service) 181-09-0001 Yes Mrs. Frances E. Cassiday, 1704 Holaview Rd. 18. CAUSE DF BEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the been signed the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 6CCZUSION attending physician. HOVR DUE TO ECTEN SION EAQ! Cenditions, If any, which gave rise to immediate DUE TD cause (a), stating as the underiving cause last. CERTIFICATION WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate the hospital or YES NO X PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING DC CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 13 of Item 18.) detached fr this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After While Not While retained by n.m. at work at work DIRECTOR: Af age 3 should | 21. I certify that (1) (this hospital) attended the deceased from and that death occurred at 3P. M. from the causes and on the date stated above. saw the deceased alive on 22a, SIGNATURE 22b. DATE SIGNED page : ATTENDING DIRECTOR M.D. PHYS. HOSPITAL PHYSICUAN'S FUNERAL 22d. ADDRESS director, p NAME (Type) Luis J. Elias M.D. Northern Pkwy & Loch Raven Blvd. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23a. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 2 Dulaney Valley Mem. Gardens 11/27/67 Cockeysville ADDRESS REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR | 25b. FUNERAL DIRECTOR Philamen your John J. Duda, 7922 Wise Ave. Dundalk, Md. VR A15 (4) 20M



# FORSTAN 14908

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to the pepal

In pencil in Item 18. Give Poges 1, 2, and 3 to Exominer's Office along with fath. PM3. Page

the funeral director. Page 4 should be forwarded to the Ch'ef Medical Examiner's Office along with form

necessory, please execute the certificate writing the word "pending"

may be retained for your files

VR A15ME 5

TO DEPUTY MEDICAL EXAMINER:

TO FUNERAL DIRECTOR: Page 3 should be used as a burrot-transit permit. File pages lond2 with the Heo th prior to buriol, cremotion, or removal, and in any event within 72 hours ofter death.

criy delay is

This certificate should be executed within 24 hours after death. If

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14913

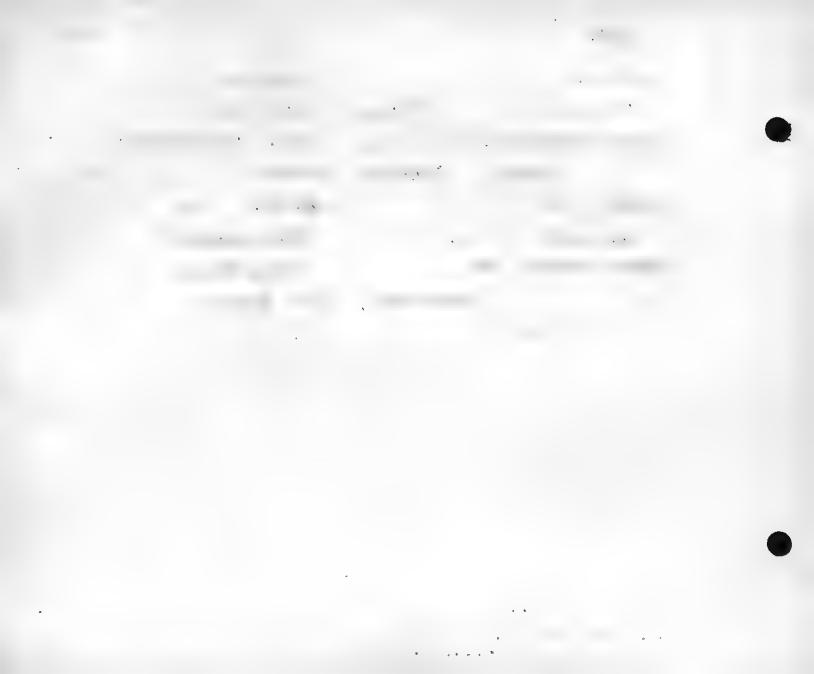
1. PLACE OF DEATH					on Residence befare admission)
a COUNTY Ball	timore	MARYLAND	o. STATE Marvl	and b. (OUI	Prince-George
b CITY OR TOWN (If	autside carporate imits,	c LENGTH OF STAY IN 16		tside carparate limits, write RUI	
write RURAL and i	give nearest tawn)	12 days	Laure	-1	
d NAME OF HOSPITA.	OR NSTITUTION (If not in t	raspital, give street address)	d STREET ADDRESS		e IS RESIDENCE
	ewood State I		41 Br	uce Street	YES NO 12
3 NAME OF	First	Middle	Last	4 DATE Mont	th Day Year
DECEASED (Type or print)	Franklin	1 Edward	CASTLE, Jr.	OF DEATH 1	1 17 19 67
S SEX		MARRED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR F UNDER 24 HRS.
Male	White W	IDOWED DIVORCED	11-1-54	last birthday)	Manths Days Hours M.n.
10a USUAL OCCUPATION (		10b. KIND OF BUS NESS OR	11 BIRTHPLACE (State		12 EITIZEN OF WHAT
during most of working	e, even if retired)	INDUSTRY	101771		COUNTRY?
Dependent 13 FATHER'S NAME		none	14 MOTHER'S MAIDEN I	Tennessee	U.S.A.
13 TATILE S HAME					
Franklin	Edward Castle	s, Sr.		ean Fletcher	
IS WAS DECEASED EVER	IN U.S. ARMED FORCES? If yes give wor or dates of serv	16 SOCIAL SECURITY NO. 17	INFORMANT	Addre	255
no			Rosewood Reco	ords. Owinks M	ills, Maryland
B CAUSE OF DEA	TH (Enter anly ane cause pe				INTERVAL BETWEEN
PART DEATH	WAS CAUSED BY IMMED ATE CAUSE (a)	Asphyxia due to H	Good Aspirati	ion	ONSET AND DEATH
22/7	DUE TO				
Conditions, if ony, v		Muscular Dystroph	NT.		13 yrs.
rise ta immediate	cause (a), ( Dur To	ilaboutar ayoutopa	7		
stating the underly	ring touse				
	, (c) _				Lio vius auvapev
8 PART II. OTHER SIGI	NIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERM NAL DISEASE CON	ADITION G VEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
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200 EXTERNAL CAU PRIMARY AG CONT		20b DESCR BE HOW INJURY OCCURRED	(Enter nature of in ury in	Part or Part I of item B)	
	KIBUTING LL	Aspirated food			
3 200 THE OF NUR	Y Manth, Day Year	20d NJURY OCCJRRED 20e. P.	ACE OF INJURY (Home, farm	n, 20f (City ar tawn)	(Caunty) (State)
HOUT OF	m. 11/17 19 67	While at work To Hos	ctory, street off ce bldg_etc) sp. Annex Las	st Owings Mil	ls Balto. Md.
	•	the remains described above to			uiry 🔀 and in my apinian
death resulte	d fram. Natural ca	uses 🔲, Accident 🔀, Su	icide, Ham.cide	, Undetermined m	anner 🔛
ACTUAL	1900	. /.	CHIEF MEDICAL	EXAMINER	DO DIVE SIGNISH
SIGNATURE	1.41 GA	illa	M.D ASSISTANT MED	CAL EXAM NER	11/17/67
EXAMINER'S	/			AL EXAMINER 🔀	
NAME (Type)	D. D. Caples	, M.D.	Address (Street	, city, town, or county) ${f Rei}$	sterstown, Md.
23a BURIAL CREMATION				23d LOGATION (City or To	
REMOVAL (Specify)	l 11-20 -	67 Jul 1 J	el Cem	Laund	C mil
24. AUNERAL DIRECTOR	11	ADDRES	250 REC E	D BY REG STRAR 2Sb RE	GISTRAR'S S GNATURE
Nelli	Il Dance	dedic Arres	& Mud DATE NI	av 2 2 1967	thanks !



1	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH	
l=		14
	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before a. COUNTY  a. STATE fig  b. COUNTY	ore #dmissio
	BOITIMATE CO MARYLAND MA. DALIMA	PRET _
ľ	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	t town)
-	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  d STREET ADDRESS  d STREET ADDRESS	IS RÉSIDENC
	MILLA I MA WISSING WILL FOR EMERE PAIR	ON A FARM
1,	NAME OF First Middle Last 4. DATE Month Day	NO [
	DECEASED / OF	1967
5. SE	6. COLOR OR RACE TO MARRIED NEVER MARRIED 1 8 DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UN	DER 24 HRS
	FINALE WILTE WIDOWED DIVORCED 1 9-15-02 (5 yrs. 9/18 102)	rs Min.
	Da. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (County & State or fore an country)   12. CITIZEN OF WH.	AT COUNTRY
	SELF E'PLOYED CROCERY STOPE CLYNDOU, MARYLAND U.S.	
1	13. FATHER'S NAME	
4	WILLIAM SHEER JEYNIE	
(	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yas, no. or unkown) (Ifyasgive war or datasofsarvica) 2.10 2.4 70 6.4 (ID) OUADITE OF SWA 23 DEACHGRAND DRIVE	
**	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]	
	DART I REATH WAS CAUSED BY MI I I I I I I I I I I I I I I I I I I	ND DEATH
	immediate choice (a)	1103
	Conditions, if any, which ) (b) Wild Hereutrated Cauerici Stizziach 15	mos
	gave rise to immediata cause	.,05
	(a), stating the underlying cause last. (c)	
Z	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WA	AS AUTOPS
	None YES	NO [
Mark Company	YES [  200 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH U[IF EITHER, NOTIFY MEDICAL EXAMINER]  200 ACCIDENT WAS UNDERLYING [] 200 ACCIDENT	
A COL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Plant of the county)  Hour a.m. While Not While at work at work at work	(State)
N P P		
	21. I certify that (I) (this hospital) attended the deceased from	l) (we) la
	saw the deceased alive on	
	ATTENDING MED. STAFF	22b, DATE SIGNI
	22c PHYSICIAN'S 22d, ADDRESS	1967
1	NAME (TYPE) JONAS COHEN 6707 PORK Heights AVE. BALTO. 1	Md.
2	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
	BUTIAL BALTIMORE HERPEU BALTIMORE, MOYLATO	_
2	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE	40
	FOL LEVIVSON & BOOS. INC., 6010 PEISTERSTON DO. DATHOV 9 1961 foliables for	ge.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. STATE b. COUNTY BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 39 clara TOWSON BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) led 72 h d. STREET ADDRESS e. IS RESIDENCE ON A FARM? BALTIMIRE MEDICAL CENTER BELVEDEREAVE YES NO X withi etely completely ve carbon NAME DE Middie 4. DATE Month DECEASED event, DF HESNEY (Type or print) 1967 DEATH executed 5. SEX 6. COLOR OR RACE remove 7. MARRIED X B. AGE (in years LIFUNDER 1 YEAR) IF UNDER 24 HRS NEVER MARRIED last birthday) Months any Days and WIDOWED DIVORCED ( lease re and in a 16a. USUAL OCCUPATION (Give kind of work done ) 10b. KIND OF BUSINESS OR physician BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? death certificate be during most of working I'fe, even if retired) INDUSTRY HOUSEW.FE 7 FATHER'S NAME removal. MOTHER'S MAIDEN NAME attending ph rmit. Then transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) al-trans gned Jins been s. the burian burial, c DUE TO Cenditions, if any, which gave rise to immediate cause (a), stating the prior underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM INAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate NO F YES [ 0 PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 1) of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should iled with the Z that (I) (we) last and that death occurred at 5-9M, from the causes and on the date stated above. saw the deceased alive on\_1 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING PHYS DIRECTOR 4 may HOSPITAL FUNERAL director, p ADDRESS Baltimore Medical Greater BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Md. Baltimore. 11/24/67 Loudon Park Burial FUNERAL DIRECTOR REC'D BY REGISTRAR | ,25b. REGISTRAR'S SIGNATURE 4905 .Jenkins Sons Co. ารษ VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16911 14016 CERTIFICATE OF DEATH 24 hours after death funeral l and l er death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution. Residence before admission) o. COUNTY a. STATE b. COUNTY ely if lied in By the fun-bort popers. Pages 1 of within 72 hours after d Baltimore MARYLAND Marvland Baltimore b CITY OR TOWN (If outside corporate mits, write RURAL and give nearest town) CLENGTH OF STAY IN 15 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Towson Weeks Baldwin lled\_un pópers. d NAME OF HOSPITAL OR INSTITUTION (If pat in haspital, give street address) e IS RESIDENC d. STREET ADDRESS ON A FARM? Chesapeake Nursing Home Box 261 Carroll Manor Rd. YES NO To The law requires that the death certificate be executed within 3 NAME OF Middle 4. DATE Month First Last Day Year DECEASED CHIAPPETTA AMELIA 13 eve⊓î, (Type or print) Nov. 1967 DEATH remove car S SEX 9. AGE ( n years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 8 DATE OF BIRTH 7 MARRIED NEVER MARRIED lost b rthdoy) Manths Days Hours White Sept. 25, 1918 ond in any Female WIDOWED DIVORCED and 10a USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Housewife New York II.S.A 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME cremotion, or removal, Mario Serenati ottending p Ida Tartaglia IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 17 INFORMANT 16 SOCIAL SECURITY NO. 128-09-3227 No Amedeo Chiappetta Box 261 Carroll Manor Rd 18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c)) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY EREBRAL EDEMA IMMEDIATE CAUSE (o) DUE TO signed | burial, ARCINOMATODIS Conditions, if any, which gove GHANERAI rise to immediate couse (a). DUE TO stating the underlying couse by the hospital or attending 11400 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 WAS AUTOPSY PERFORMED? has YES -NO certificate PHYSICIAN: 20g. ACCIDENT WAS JNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of Item 18.) OR CONTRIBUTING (T) CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year (City or town) (County) (Store) Hour am. factory, street, affice bldg., etc.) Not While of work 21. I certify that (1) this hospital) attended the deceased fram Poge 4 moy be retained \_1960 7, and that death occurred at DOW DIRECTOR: Afram causes and on the date stated above sow the deceased glive on 22a SIGNATURE 22b DATE **ATTENDING** director, page 3 should be filed v PHYS. DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIÁN'S FUNERAL NAME (Type) MONIUN 230 BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Burial 11/16/67 Dulaney Valley Cemetery Cockevsville, Md. 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Wm. Cook-Brooks Towson 1050 York Rd. 21204 DATE



1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	RE 1, MARYLAND
uneral and 2	14918 CERTIFICATE OF DEATH	14217
rs after geat	1. PLACE OF DEATH a. COUNTY B.ALTIME E MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  2. USUAL RESIDENCE (Where deceased lived, if in a. STATE D. b. COU	NTY BALTO
-	1 /000 /= 0000	e. IS RESIDENCE ON A FARM? YES NO 1
	3. NAME DE First Middle Last 4. DATE Moni DECEASED (Type or print) BASY BOY CHOUNARY DEATH	1 19 19 67
	M INDIAN WIDOWED DIVORCED 1/19 67 last birthday)	13 = 1
d	10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired)  NEWBOEN  INDUSTRY  11. BIRTHPLACE (County & State, or foreign country industry)	COUNTRY?
]	13. FATHER'S NAME  SURESH C, CHOUDHARY  II. MOTHER'S MAIDEN NAME  THER THER	ECHNER
(	NO	10PPA RO 21204
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which gave rise to immediate (b) gave rise to immediate DUE TO  DUE TO	INTERVAL BETWEEN ONSET AND DEATH
THEFT	cause (a), stating the underlying cause last.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IF  20a. ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO
P. 8.1	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bidg., etc.)  While at work at work	(County) (State)
	21. I certify that (I) (this hospital) attended the deceased from	and on the date stated above.    22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) REDROE H. DAUIS, M.D. TIMONIUM, M.D. TIMONIUM, M.D.	2-1093
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, 1) REMOVAL (Specify) 1/20/67 (FBMC) Townson	own or county) (State)  County (State)  (EGISTRAR'S SIGNATURE
3	John & Adames M. D. GBell C DATE NOV 2 2 1967	Klunes Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14913 14718 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY o. STATE L/COUNTY MARY, AND b CITY OR TOWN (If outside carparate limits, r TENGTH OF STAY IN 16 outside carporate limits, write RURA, and give nearest tawn) ghd give neorest lower haúrs d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? filled 601 NO DO YES NAME OF Middle. DATE Manth Day Year DECEASED OF neron (Type or print) DEATH 19 6 9 AGE (In years S SEX IF LINDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH remove ost birthday) Manths Doys Hauts and in any WIDOWED DIVORCED Do USUAL OCCUPAT ON (Give kind of work done IDE KIND OF BUSINESS OR 12 CIT ZEN OF WHAT during most of working life, even if refired) INDUSTRY GARAGE OWN 13. FATHER'S NAME ar remayal, IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN' (Yes, no, of unknown) (If yes give wor or dates at service) cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)." INTERVAL BETWEEN al-transit PART I DEATH WAS CAUSED BY-ONSET AND DEATH Acute myocardial infarction ninutes IMMEDIATE CAUSE (o) þ signed burnal, Arteriosclerotic Cardiovascular Disease Conditions, if any, which gave vears nse to immediate cause (a), DUE TO peen stating the underlying couse (c) Carcinoma of Bladder lost 2+ years PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS Pos CERTIFICATION PERFORMED? 2 State Dept. of Health YES | NO certificate ö 200 ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury is Part I or Part I of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 20c TIME OF INJURY Manth, Day, Year Hour a.m. 2De PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) factory, street, office bldg., etc.) Not While in of work 21. I certify that (1) (this haspital) attended the deceased from 7-7-, 19 66, to death , 19 , that (1) (we) last TO HOSPITAL OR ATTEND Page 4 may be retained O FUNERAL DIRECTOR: saw the deceased glive an 11-14-67 \_\_\_\_19\_\_\_\_, and that death accurred at M, fram causes and an the date stated above. 220 SIGNATURE 22b DATE SIGNED ATTENDING MED DIRECTOR 11-22-67 22 E PHYSIT AN S 22d ADDRESS director, pa shavid be f NAME (Type) John D. Your Jr., University Hospital Balto., Md. 21207 23a BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23c 23d LOCATION (City or Town) (Caunty) (Stote) MOVA. (Specify) 24 FUNERA, DIRECTOR VR A15 (4)

37.4

of 18 ray

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14919 14914 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death and deoth 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission funeral PLACE OF DEATH o. COUNTY o. STATE b. COUNTY-MARYLAND b CITY OR TOWN (I outside corporate imits c. LENGTH OF STAY IN 15 (If potside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN write RURAL and give nebrest-rown VIDIC opers. e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, grye street address) d STREET ADDRESS YES -NO -3 NAME OF Middle DATE Doy Year remove carban DECEASED 30 -Type or print DEATH 196 S SEX DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE AGE (In years NEVER MARRIED lost birthdov) Months Dovs and in any WIDOWED DIVORCED 10o INUA, OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired)
Housewife please INDUSTRY **COUNTRY?** USA Maryland 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME remayal signed by the attending phy burial-transit permit. Then burial, cremation, ar remava AMMISON 17 INTORMAN IS WAS DECEASED EVER IN U.S. ARMED FORCES 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 219-16-9730 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per ine for (o). PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO PULMOU Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse as the the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPS PERFORMED? far use Health r NO 20o ACCIDENT WAS UNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While of work ... ot work Page 4 may be retained by 1-10-1967 to 11-36-1967 that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased from 11-50- 1967, and that death occurred at 3:35A M, from causes and on the date stated above saw the deceased alive on. 22o. SIGNATURE 22b. DATE SIGNED 11/30/67. DIRECTOR PHYS. M.D. ed pade 22d ADDRESS 22c PHYSICIAN'S NAME (Type) Baltimore County General Hosp. directar, shauld be 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL CREMATION. (Stote) (County) PEMOVAL (Specify) Loudon Park Cemetery 12/1:/67 Baltimore, Md. 2Sb. REGISTRAR S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Leonand VR A15 (4) Balto. Md. 21214 20 M 1/66

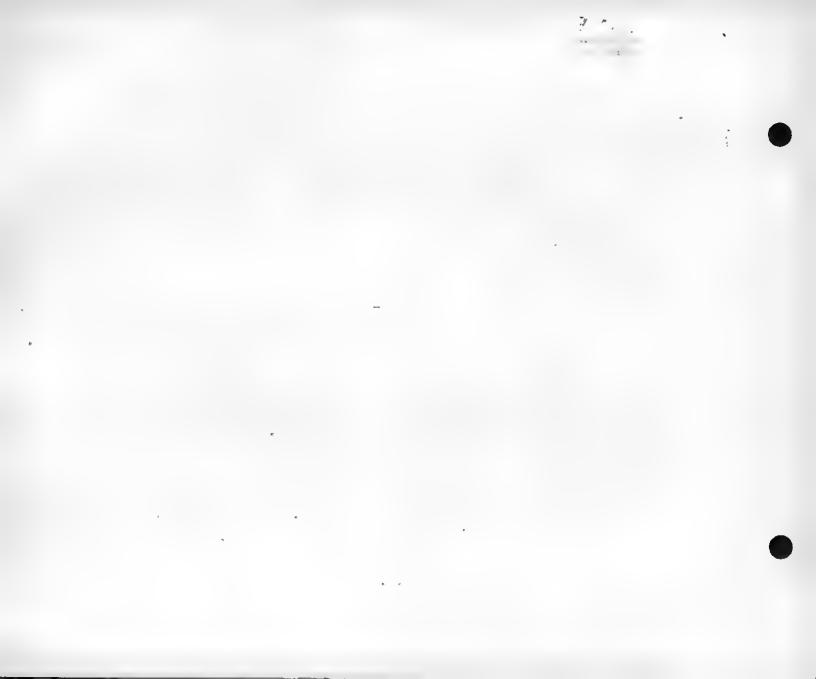


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items #23a, c 420 Fig. 1395 11,30/67 ph

**IO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital or attending physician

d		DIVISION OF	VITAL RECORDS, 301 W. PREST	ON STREET, BALTIMORE, MARYLAND	21201			
	1491	3	ERTIFICAT	ON STREET, BALTIMORE, MARYLAND E OF DEATH	14920			
1	PLACE OF DEATH o. CDUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived a STATE  Maryland	, if institution Residence before admission b COUNTY			
	Catons	If autside corporate limits, I give nearest tawn)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If autside corparate limits  Baltimore	, write RURAL and give nearest tawn)			
		ALOR INSTITUTION (if not in ROVE STATE	haspital, give street address) HOSPITAL	d STREET ADDRESS  125 Greene Street	B S RESIDENCE DN A FARM? YES ND			
3	NAME OF DECEASED (Type or pnnt)	First Thelm	Middle Grimm	Cockey OF DEATH	Manth Day Year Lovember 3 19 67			
S	SEX female	6 COLDR DR RACE 7	MARRIED NEVER MARRIED DIVDRCED DIVDRCED	June 14, 1899 68	n years   IF UNDER 1 YEAR   IF UNDER 24 HRS   Inthday   Months   Doys   Haurs   Min   Min			
d	ring mast of working house	(Give kind of work dane rfe, even if refired) WLIG	10b. KIND DE BUSINESS DR INDUSTRY	31 BIRTHPLACE (County & State, or foreign cau  Mary Land	n'ry) 12 CITIZEN DE WHAT COUNTRY?			
13	FATHER'S NAME Willi:	m Grimm		14. MDTHER'S MAIDEN NAME				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes give wor or dates at service)  16 SOCIAL SECURITY NO. 17. INFORMANT  219-54-3071T Records: SPRING GROVE STATE HOSP.								
	IB. CAUSE OF D PART I. DEA  JUJX Conditions, if any rise to immediat stating the unde	which gave (b) (b)	er hne for (c), (b), and (c)) Multiple Myelo	ma	INTERVAL BETWEEN LONSEL AND DEATH			
CATION	PART II DYHER SI Myalom	GNIFICANT CONDITIONS CONT	REBUTING TO DEATH BUT NOT RELATED TO Anemia secondar	the terminal disease condition given in pay to Ia.; mu tiple	RT 1(0)LYTIC 19 WAS AUTOPSY PERFORMED? 2 OSTEO- YES NO			
L CERTIFICATION		S LNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206 DESCRIBE HOW INJURY DECURRED	Enter nature of injury in Part I ar Part I af it	em 18)			
MEDICAL	p.1	n. 19	While Not While of work	ACE DF NJURY (Home farm, crory, street, office bldg , etc.)				
	21. I certi saw the d	ty that (x) (this haspite eccased alive an	ottended the deceased from_10v.31967_, and th	at death occurred of M. from	ov. 3, 1957, that \$6 (we) last causes and on the date stated above.			
	22c. PHYSICIAN S NAME (Type	Milling	Y Young, M.B.	22d ADDRESS SPRING GRO	11-3-67			
23	a. BUR AL, CREMATIC REMOVAL (Specify				(City or Town) (County) (State)			
7	4 FUNERAL DIRECTO	R Fune al Home	ADDRESS	25a REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16915 14921 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY b COUNTY BALTIMORE MARYLAND b CITY OR TOWN (If autside carporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 RANDALLSTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? PIKESWOOD DRIVE 3805 PIKESWOOD DRIVE YES NO X 3. NAME OF DATE First DECEASED REBA COHEN (Type or print) DEATH NOVEMBER S. SEX IF UNDER 1 YEAR F JNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH 9 AGE (In years 7. MARRIED NEVER MARRIED Months rast birthday) MARCH 26. 1900 FEMALE WHITE WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 106, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT INPLISTRY during most of working life, even if retired)
HOUSEWIFE COLNTRY? BALTIMORE, MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HYMAN FARBER **YETTA** IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 3805 PIKESWOOD DRIVE (Yes, no, or unknown) (If yes give war ar dates of service) IRS. JANICE BAU'IEL. RANDALLSTOWN. MD. 211 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (i), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove 3 rise ta immediate cause (a), DUE TO stating the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE TERMINAL DISEASE COND TON GIVEN IN PART I(a) WAS AUTOPS' PERFORMED? NO DX 200 ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 11 of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Not While factory, street, affice bldg., etc.) at work 21. I certify that (1) (this haspital) attended the deceased fram , and that death accurred at AM, fram/causes and an the date stated above. saw the deceased alive an. 22a. SIGNATURE 22h DATE SIGNED AFTENDING MED DIRECTOR 22d. ADDRESS 22c PHYS/CIAN'S DR. MARVIN SAIONTZ NAME (Type) 4000 W. NORTHERN PKWY. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23d LOCATION (City or Town) (County) REMOVAL (Specify) SHAAREI ZION 11-8-67 BALTIMORE, MARYLAND 24. FUNERAL DIRECTOR 25a REC'D BY REGISTRAR SOL LEVINSON & BROS. INC. , 6010 REISTERSTOWN RD. Ocharles Judg

The law requires that the death certificate be executed within 24 hours



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14917 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) b COUNTY n. STATE o COUNTY Baltimore BALLTIMORE MARYLAND CITY OR TOWN (If autside carparate amits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 15 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) and campletely filled in by the ve carban papers. Par event, within 72 noors days RETSTERSTOWN S RESIDENCE ON A FARM? d MAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS YES NO X SACRED HEART TOSEPH HOSPTTAL 4 DATE NAME OF First Midd:e Day Year DECEASED (Type or print) JANE MARTE 19 67 CONNOLLY DEATH NOVEMBER AGE (In years IF LNDER 1 YEAR S. SEX NEVER MARRIED X 8. DATE OF BIRTH IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED last birthday) Months Davs Haurs and in any WIDOWED DIVORCED NOVEMBER 19.1967 WHITE 10g USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or fareign country) 12 CITIZEN OF WHAT COUNTRY?U.S.A. during most af working life, even if retired) INDUSTRY the attending physician set permit. Then please Baltimore, Maryland THEANT 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME removal KATHLEEN ANN CARNEY WAITER WILLIAM CONNOLLY Mr. Walter W. Connolly, Reisterstown, Md. 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war or dates of service) b none crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c))
PART I DEATH WAS CAUSED BY
Thing time time to the control of the cont **burial-transit** ONSET AND DEATH Immaturity IMMEDIATE CAUSE (a) physician. DUE TO signed Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause by the haspital ar attending as the priar to b has been last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERT F-CATION NO X this certificate 5 20a ACCIDENT WAS UNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY-OCCURRED (State) 20e. PLACE OF INJURY (Hame, farm, 20f (City or town) (County) 20c. TIME OF INJURY Month, Day, Year foctory, street, affice bldg , etc ) Haur a.m. Not While at work at work O FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased fram NOVENBER 19, 19, 67, to NOVENBER 2619, 67 that (I) (we) last saw the deceased olive an NOVENBER 2619, 67, and that death occurred at 2.05 AM, from couses and an the date stated above be retained and that death occurred at 2:05 AM, from couses and an the date stated above saw the deceased olive an 22b DATE SIGNED 22g. SIGNATURE 11-26-67 M.D. DIRECTOR PHYS. PHYS. , page be filed 22d ADDRESS 22c PHYSICIAN'S Page 4 may NAME (Type) Aguto, M. D 7620 York Road, Towson, Md. 21204 Jose A. directar, shauld b 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Burial /67 Woodlawn Cemetery Woodlawn.Balto.Co.,Md. ADDRESS 25a REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Owings Mills. Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14918 14923 CERTIFICATE OF DEATH PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) Baltimore o. STATE b. COUNTY MARYLAND Marvland Baltimore b CITY OR TOWN (If outside corporate imits c CITY OR TOWN (flautside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 15 Randa 1 3 Court town) Randallstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e IS RESIDENC ON A FARM? 8611 Allenswood Rd. 8611 Allenswood Rd. YES NO 😓 NAME OF 4. DATE Miridle Month Doy Year DECEASED Mary Lyda Connolly Nov. 19 67 10 ond in ony event, (Type or print) DEATH IF UNDER 24 HRS 9 AGE (In years S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 7. MARRIED NEVER MARRIED Months birthdoy) Dovs Hours Female White WIDOWED T DIVORCED Sept. 25, 1892 10o USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHP, ACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working ite, even if retired) INDUSTRY COUNTRY? Baltimore, Md

14. MOTHER'S MAIDEN NAME U.S.A Housewife none 13. FATHER'S NAME burial, cremation, or removal, Me Carrier James Mary Comba 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 8611 Allenswood Rd (Yes, no, or unknown) (If yes give wor or dates of service) Mr Ivy Connolly Randallstown, Md 21133 none no CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (n) DHE TO Conditions, if only, which gove rise to immediate couse (a). DUE TO stoting the underlying couse os the lost. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 116) WAS AUTOPSY nos PERFORMED? be detached for use State Dept. of Health NO V 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enternotuse of injury in Port 1 or Port 1 of item 8) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) of work 1967 that (1) (we) last 21. I certify that (1) Ohis haspital) attended the deceased fram. 19.60 to 1/1 19 67, and that death accurred at 9 k.M. from causes and an the date stated above TO FUNERAL DIRECTOR: saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED director, page 3 should be filed w DIRECTOR MD 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. Morton Ellin 8629 Liberty Rd. Randallstown, Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o BUR AL CREMATION 23b DATE THEREOF (County) (State) PENOVAL STecify) Greenmount Cemetery Baltimore Md. 250 RECUEN REGISTRAR 196 756 REGISTRAR'S SIGNATURE JUNERAL DIRECTOR



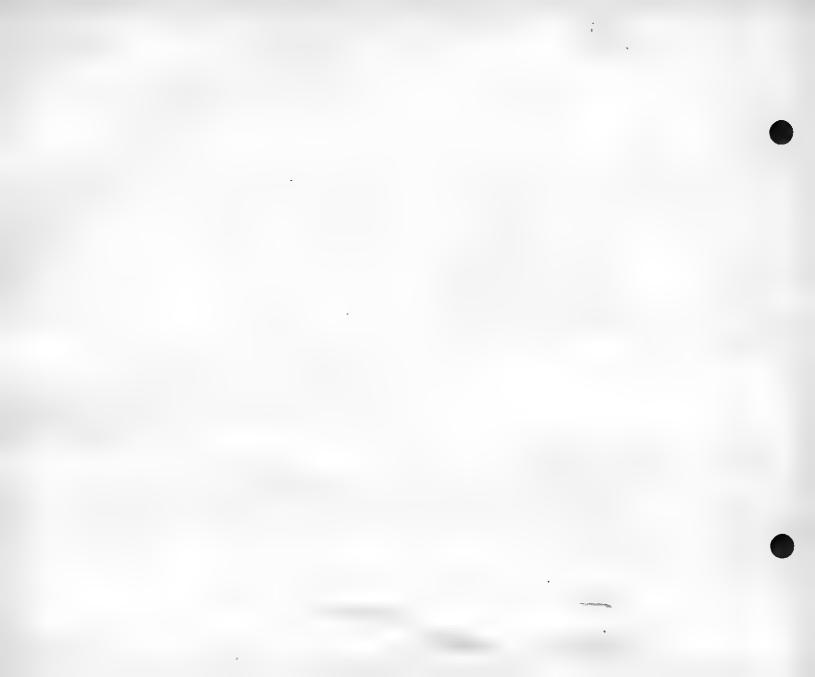
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16912 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY b COUNTY Baltimore. MARYLAND Paruland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 Baltimore. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled arr by papers. d. STREET ADDRESS e IS RESIDENCE ON A FARM? Summit Nursing Home 425 S. Gilmon St. NO ottending physicion our control normit. Then please remove carbon 3. NAME OF Middle burial, cremation, or removal, and in any event, wit Month OF DECEASED W. ooper. Sr lames DEATH 19 67 (Type or print) B. DATE OF BIRTH IF UNDER 1 YEAR 9 AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED NEVER MARRIED birthdovi Haurs July 6 1891 WICOWED DIVORCED Male 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working the even if retired) Machinery COUNTRY? Virainia 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME harles (ooner 16 SOCIAL SECURITY NO. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT signed by the ottendir burial-tronsit permit. (Yes, no, or unknown) lift yes give wor or dates of service) Mrs. Katherine Cooper, 425 S Gilnor St INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for/a), (b) and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 moy be retoined by the hospital or ottending physician. n vuliza cirtinish DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to l stating the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO YES 20g ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bldg., etc.) at wark 21. I certify that (I) (this haspital) attended the deceased from 1969 \_19*E* and that death accurred at. M, from causes and on the date stated above. saw the deceased alive an. 22a SIĞNATUR 22b. DATE SIGNED STAFF PHYS. ATTENDING M.D DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) elle arv 230 (BURIAL FREMATION: 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)

Balto Md (County) (State) REMOVAL (Specify) Louden Park Cometery 24-EUNERAL DIRECTOR Thomas & Kenny Inc 1600 Hollins Balto Md 23 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14920 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution Residence before odm ssion) n. COUNTY o STATE b COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, C JENGTH OF STAY N ID outside corporate limits, write RURA, and give nearest town) write RURAL and give floatest town) 1.7, 36 Brok A NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) State Dep d STREET ADDRESS 18. Give Pages i alang with tork I NO DE 3 NAME OF M ddle 4 DATE Day Year DECEASED the OF BENJAMIN 6282 6 OOPER 19 6 DEATH IF UNDER 1 YEAR 7 MARRIED 8 DATE OF BRIM AGE ( n years F UNDER 24 HRS lost birthdoy) Months WIDOWED event 10o USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life even if retired) Salca man 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within = and IS WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO 17 INFORMANT remayal, (Yes, no, or unknown) (If yes give war or dates of service) 18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c) PART I DEATH WAS CAUSED BY INTERVAL BETWEEN Arteriose les Plic ONSET AND DEATH Б IMMEDIATE CAUSE (o) This certificate shauld crematian, DUE TO Timbe tue Conditions, if only which gove rise to immediate couse (o). DUE TO stoting the underlying couse PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 9 WAS AUTOPS PERFORMED? YES NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW NURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) agent, priar PRIMARY La or CONTRIBUTING . Zytrank CAUSE OF DEATH 20c TIME OF INJURY Month Doy, Year 20d NURY OCCURRED 20e PLACE OF INJURY (Home form. 20f. (City or town) (County) (State) Hour om foctory street, office b ag etc.) Not √h le of work at work 21. I certify that I took charge of the remains described above, held an Autapsy Inspect on X, Inquiry [X]. and in my opinion death resulted from Natural couses X Accident Su cide Undetermined manner Hamicide CHIEF MED CAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MED CAL EXAMINER SIGNATURE the funeral TO DEPUTY DEPUTY MEDICAL EXAM NER 5 may O FUNE Health Address (Street, city, town or county) BURIAL CREMATION. 23b. DAYE THEREOF 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 24 FUNERAL DERECTOR 250 REOD BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE



1. PLAC	DIVISION OF STATIST	TICAL RESE	ARCH AND RECORDS  CERTIFICAT	S, 301 W. PRESTO			ARYLAND
1. PLAC e. CO	Bultimore			2. USUAL RESIDEN 8. STATE		red, If institution: Re	esidence before admission)
b. CI'	FY OR TOWN (if outside corporate RURAL and give nearest		C. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate i	Baltime!	and give nearest town)
d. NA	ME OF HOSPITAL OR INSTITU	ITION (If not in he	ospitel, give street address)	d. STREET ADDRESS	. Loch Reven	15/13.	O. IS RESIDENCE ON A FARM? YES NO
3. NAME OECE (Type	OF	First	Middle	Last Corbett	4. DATE OF OEATH	Month Nev.	0ay Year 22, 1967
5. SEX		7. MARRIEO WIOOWEO		8. DATE OF BIRTH	9. AGE (I	rthdey) Months	Days Hours Min.
	L OCCUPATION (Give kind of we st of working life, even if ret	orkdone 10b, K tired) II	INO OF BUSINESS OR IOUSTRY	Bullinois C		CO	TIZEN OF WHAT UNTRY?
	Thurs Reed	Corbet		14. MOTHER'S MAII		eath erman	^
(Yes, no, o		es of service)	_	INFORMANT		Address	
Cending ave cause under the property of the pr	CAUSE OF CEATH [Enter only PART I. DEATH WAS CAUSED IMMEDIATE CAU	BY: o	ne for (a), (b), and (c).]	feering sai			INTERVAL BETWEEN ONSET AND DEATH
gave	tions, if any, which a rise to immediate	UE TO (b) Re	spiraly distra	syndrone			7 hrs
unde	(a), stating the Dilying cause last.  II. OTHER SIGNIFICANT CONDI	(c) I r	TING TO DEATH BUT NOT RELI	ATEO TO THE TERMINAL	DISEASE CONDITION	CIVEN IN PART 1(a)	19. WÂS AUTÓPSY PERFORMED?
PART 20a. OR CO	ACCIDENT WAS UNDERLYING ONTRIBUTING   CAUSE OF O ITHER, NOTIFY MEDICAL EXA	EATH 206. D	ESCRIBE HOW INJURY OCC	JRRED. (Enter nature o	f Injury in Part I or	Part    of  tem 18.)	YES NO
	TIME OF INJURY Month, Da Hour a.m.		Not While facto	ICE OF INJURY (Home, fory, street, office bldg., e	arm, 20f. (City or	town) (Cour	nty) (State)
2]	. I certify that (I) (this how the deceased alive on	oșpital) attende		ou 22 , I	9 67 , tm122141 12 P.M. from the	warzz, 19 G	Z, that (I) (we) last
	SIGNATURE Sunt	2	М.	ATTENDING .	MED. STA	22b. DA	ATE SIGNED 22/67
22c.	MAME (Type) JEVE	P. Smith			Baltimore Me		
<u> </u>	IAL, CREMATION, 23b. DAT	TE THEREOF	23c. NAME OF CEMETER	C	23d. LOCATION	(City, town or cour	
K	Butucher	(GB	m CODRESS	DATE	C 4 1967	250. REDSTRAKT	



## FOR STATE HEALTH DEPT 3 to Poge If any delay is 40 pub a burial-tronsit permit. Fi.e pages land 2 with the State Departimen P.M3. necessory, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2 the funeral director. Page 4 should be forworded to the Chief Medical Examiners Office along with formy. This certificate should be executed within 24 haurs after death Health prior to buriol, cremation, or remaval, and in any event within 72 haurs offer death.

14923

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14927

- 21.	_												
	I PLACE OF DEATH O COUNTY						2 USUAL RESIDENCE (Where deceased lived, finistitution Residence before admission) a STATE as b. COUNTY						
/		Balt	imore		MARY1	AND	o STATE Maryl	and	5. CO 51111	-			
		b CITY OR TOWN (If out write RURAL and give		ts,	C. LENGTH OF STAY IN	16	C CITY OR TOWN ( F OL	its de carparate limits	write RuRAL and	give neorest to	wn)		
		WINE KORAL UNG GIVE	Hedrest 10 with			Baltimore	. Marylar	d					
		d NAME OF HOSPITAL OF	R INSTITUTION (If r	at in haspital, g	give street address)	d STREET ADDRESS  B IS RESIDENCE ON A FARM?							
		Bethlehem S				•	6851 Sturb		21234	YES			
		NAME OF DECEASED +:		irst	Middle	,	Last	4 DATE OF	Manth	Day	Yeor		
		(Type or print) M	illiam				cooks, Sr.	DEATH	11	15	19 67		
	1		OLOR OR RACE		NEVER MARRIED		DATE OF 8 RTH	9 AGE (	rthday) Manth		UNDER 24 HRS		
	$\overline{}$		au	W-DOWED	D VORCED		2-18-08	1 2/	Yrs				
			most of working life, even if retired) IN			ND OF BUSINESS OR DUSTRY		11 B RTHPLACE (State or fore gn country)			12 CITIZEN OF WHAT COUNTRY?		
		Draftsman	,	Shir	building		Maryland			USA			
	13.	FATHER'S NAME	Thomas M	Comple	ma olan		14. MOTHER'S MAIDEN NAME						
							Harriett Walters						
	IS (Ye	Yes no pruphogue) VI us give wer or dates of service)					INFORMANT Address '						
	Ĺ	No		15	1-01-3290	Mr	s. Elizabet	h Cornbro	oks _	(Same)			
		18. CAUSE OF DEATH	(Enter only one co	use per line far	(g). (t) / (c) /		. /	3000			AL BETWEEN		
		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ORCHER CONTROL OF CONTROL ONSET AND DEATH											
		Soud Loss if any which ages a 15-20 in											
		Cond tons, if ony, whi rise to immediate cau		(b) (c)	illinac		rate	4602	MAGO	- 18 12			
		stating the underlying		E 10			*	•					
		last.	)	(c)									
	z	PART I OTHER SIGNIFI	CANT CONDITIONS	CONTR BUT NG T	O DEATH BUT NOT RELA	TED TO I	HE TERMINAL DISEASE CON	DITION G VEN IN PA	RT 1,0)		S AUTOPSY REORMED?		
- 1	F.CATION								YES [				
	J.E.	20a EXTERNAL CAUSE V PRIMARY ☐ or CONTRIB		20b DE	SCR BE HOW INJURY OCC	URRED	(Enter nature of in ury in	Part or Part II of its	m 18)				
	CERT	CAUSE OF DEATH.	UIING										
	MEDICAL	20c TIME OF INJURY	Manth, Day, Year				E OF INJURY (Hame, farm		r tawn)	(County)	(State)		
	WE	Hour am.	19	While at work		facto	ary, <del>street, office</del> bldg., etc.)						
		21. I certify the	at I taak chard	e of the rem		ove he	ld an Autapsv .	Inspection	Inquiry	ond in	my apinian		
		21. I certify that I taak charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my apinion death resulted from: Natural causes Accident, Suicide, Hamiliae Undetermined manner											
		0		JAI			CHIEF MEDICAL						
		ACTUAL SIGNANURE	lo C	all	ON (N)		M.D. ASSISTANT MED	ICAL EXAMINER		22.	DATE SIGNED		
		EXAMINER'S	1120		) A 11 . A c		DEPUTY MEDICA	AL EXAMINER 4		1//	11/17		
		NAME (Type)	三个句	CIP	子なんでい	0 1	Address (Street	l city, tawn, ar count	Y)	/	3/61		
}	230	BURIAL CREMAT ON,	23b DATE TH		23c NAME OF CEMET			23d TOCAT ON	C ty ar Tawn)	(Caunty)	(State)		
1		REMOVAL (Specify) Burial	11/1	8/67.	Moreland	Mem	orial Cem.	Ba	ltimore,	Md.			
1		FUNERAL DIRECTOR		T2	ADDRESS	- 1		BY REGISTRAR	2Sb REGISTRAR				
19	I	eonard J.	duck. In	c. Balt	o. Md. 212	14	Dave All	11/ 1 n 100	7 101.	W. (1			

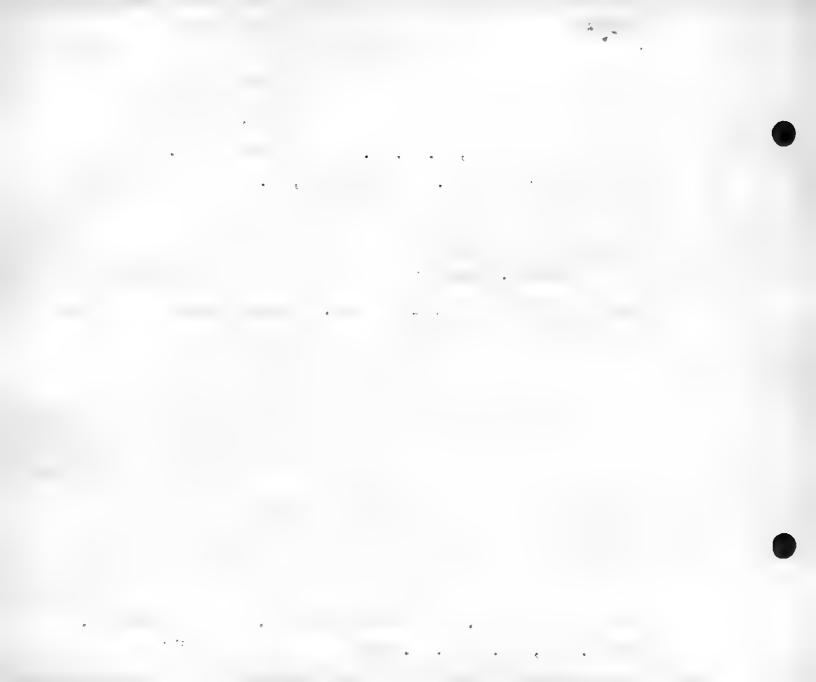
VR A15ME (5) 6M 1/67

TO FUNERAL DIRECTOR: Page 3 should be used as

for your files.

MEDICAL EXAMINER:

TO DEPUTY



	1 1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	AMD
fe-			14922 CERTIFICATE OF DEATH	
-	ath sath	1.	24000	
1	nouns after distriction of the function of the		a. COUNTY b. COUNTY ,	1
			b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)  MARYLAND  C. CITY OR TDWN (If outside corporate limits, write RURAL and give	e nearest town)
	Sing Page 12		- write RURAL and give nearest town)	
	e fat	_		. IS RESIDENCE ON A FARM?
	y fill of the by papers. Pa	(	CATOS Ridge Nuccional Home 5 20 Ave	res No No
;	ecuted within 2 and completely fil emove carbon pa any event, within	3.	NAME OF PIEST Middle Last 4. DATE Month Day DECEASED	Year
	d withir npletely carbon ent, witl		(Type or print) // DEATH   DEATH	19 (0)
	ove ver	5.	iast birthday) Months Days	Hours Min.
	e be executed Wi sician and comple lease remove carl and in any event,	100	a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   11b. Birt HPLACE (County & State, or foreign country)   12. CITIZEN C	OF WHAT
	be cian ase ad Ir	dur	a. USUAL OCCUPATION (Give kind of work done industry)  10. KIND OF BUSINESS OR in British PLACE (County & State, or foreign country)  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN (COUNTRY)	1
	ate hysi ple: al, a	13.	FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME	7-
	certifica ding ph Then remova		Altree Coulter Kinchile	be -
	ath certificate be of attending physician rmit. Then please in, or removal, and in	15.	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address es, no, or unknown) ((If yes gire war or dates of service)	
	eath afte ermi on, o		es, no, or unkown) (If yes give war or dates of service) 579-86-0531	
	at the deat lan. d by the at ransit pern cremation,		ONS	RVAL BETWEEN ET AND DEATH
	rans crens		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Construction  Construc	DAY
	The law requires that the death certificate be executed within or attending physician. Cate has been signed by the attending physician and completely ruse as the burial-transit permit. Then please remove carbon is eafth prior to burial, cremation, or removal, and in any event, with		DUE TO DUE TO	2 11 1/2 5
	offe s ph s ph s ph o ph	Н	gave rise to immediate (b)	113
	ndin ndin or the	Ш	cause (a), stating the DUE TO underlying cause last. (c)	/
	law atter has e as e as 1 pri	<u>₹</u>		WAS AUTOPSY PERFORMED?
	The or us	ICAT	YE	
	AN: pltal d fo of H	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	hos hos is ce ache ept.			(State)
		MEDICAL	Hour a.m. While Not While factory, street, office bidg., etc.)	(01010)
	R ATTENDING e retained by RECTOR: After 3 should be i with the Stat	×	p.m. 19  at work	nat (I) (we) last
	one sine pool to the the		21. I certify that (i) (this hospital) attended the deceased from 19 the saw the deceased alive on 11 2 and that death occurred at 2 AM, from the causes and on the date	
	With With		22a. SIGNATURE 22b. DATE SIG	SMED
	age age		M.D. PHYS. MED. STAFF DIRECTOR PHYS. 0 11 25	101
	PITA   ma   ma   ma   ma   ma   ma   ma   ma		22c. PHYSICIAN'S NAME (Type)	1 27 \$143
	O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed be director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre	238	BURIAL CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county)	(State)
		200	a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)  Burial 11/27/67 Hillcrest Cemetery Annapolis A.A.	Md
	AR	24	ADDRESS ADDRESS APPLIED BY REGISTRAR 25b. REGISTRAR'S SIGN	ATURE
	VR A15 (4)	H	Hopping Funeral Home - Annapolis, Md / DANOV 29 1967 Pleanles Ju	edge.
	10111 1-04	-		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14929 The Jaw requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased rived, if institution. Residence before admission) o. COUNTY b. COUNTY Baltimore Maryland Prince George MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
Catonsville c CITY OR TOWN (if outside corporate ...mits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 buriof-transit permit. Then please remove carban papers. Peg burial, crematian, ar remayal, and in any event, within 72 hours Lyr7mth26dys Takoma Park, Maryland d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? signed by the attending physician and campletely filled buriot-transit permit. Then please remove carban pape SPRING GROVE STATE HOSPITAL 1207 Elson Place YES NO [ 3 NAME OF Middle 4 DATE Doy DECEASED
(Type or print) OF DEATH Ophelia Tabitha Courtney November 6 COLOR OR RACE NEVER MARRIED 7 MARRIED 8 DATE OF BIRTH 9 AGE (In years F UNDER 1 YEAR | IF ... NDER 24 HRS lost birthdoy) Months Days WIDOWED DIVORCED female white Oct. 21. 1874 100 USUAL OCCUPATION (Give kind of work done 10b K+ND OF BUSINESS OR 12 CIT ZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? housewife U.S. of A. Virginia
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Albert Lewis Courtney Laura Dennis 16. SOCIAL SECURITY NO IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 17 INFORMANT Address 220-54-1232 Records: SPRING GROVE STATE HOSPITAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))
PART I. DEATH WAS CAUSED BY. INTERVA. BETWEEN Pneumo ia, bileteral, bronchial, org.unk. IMMEDIATE CAUSE (o) **CO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. **DUE TO** Conditions, if ony, which gove rise to immediate cause (a), **DUE TO** stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? Anteri relevotic C nai consular Tt. Dis. with previous Inform 200 ACCIDENT WAS UNDERLYING [1] 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c T ME OF INJJRY Month, Doy, Year Hour a.m. 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) O FUNERAL DIRECTOR: After this (County) (Stote) While of work O foctory, street, office bldg., etc.) 21. I certify that (1) (this hospital) attended the deceased from March 31, 19 67, to Nov. 27, 187, that (1) (we) last saw the deceased give an Nov. 27, 1967, and that death occurred out: 100 M, from causes and an the date stated above 220 SIGNATURE 22b DATE SIGNED X 11-27-67 DIRECTOR 22d ADDRESS SPRING GROVE STATE HOSPITAL 22c PHYSICIAN S NAME (Type) Anthony J. Young. M.D. Baltimore, Maryland 21228 230 BUR AL, CREMAT ON, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) Burial 11/30/1967 Washington, D. C.
REGISTRAR | 25b REGISTRAR'S SIGNATURE Prospect Hill 254 Carrolless St., N.W., 250 Washington, D.C. 20012 DATE 2So REC'D BY REGISTRAR VR A15 (4)



- 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
: =2:	14325 CERTIFICATE OF DEATH
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, the hospital or attending physician, this certificate has been signed by the attending physician and completal filled in by the funeral detached for use as the burial-transit permit. Then please remove carbon papers. Palles, 1-and 2 to Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after-death.	1. PLACE OF DEATH a. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)  MARYLAND  MARYLAND  MARYLAND
in by the Pales 1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
itely filled in on papers. withfin 72 m	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS  (oreader Parto, New Jenton. 1014 York Road yes No. 18 RESIDENCE ON A FARM?  YES NO. 19
attending physician and completely prinit. Then please remove carbon in, or removal, and in any event, with	3. NAME OF DECEASED (Type or print) James. Mildle Cousins DEATH 1 4 1967
апу ем	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH P. 3. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. WIDOWED DIVORCED 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Min.)
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or fereign country)  11. BIRTHPLACE (County & State, or fereign country)  COUNTRY?  COUNTRY?
	13. FATHER'S NAME  James M. Cousers, 14. MOTHER'S MAIDEN NAME  Devoney.
011) oil	15. WAS DEC EASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 214-12-4171 Chart.
burial, cremation, or r	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive in the fraction bledding + aspit In the first of the following the first of the f
	Conditions, If any, which (b) Eraving tumor is were Way 1867
	cause (a), stating the DUE TO underlying cause last.  (c) Wide Spread cancinoma A Lawn 1966  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAU DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
2	PERFORMED? YES NO -
	GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	Hour a.m.  p.m.  19 While Not While at work factory, street, office bidg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from 11/3, 1967, to 11/4, 1967, that (I) (we) last saw the deceased alive on 11/4 1967, and that death occurred at 10 k.M. from the causes and on the date stated above.  22a. SIGNATURE 22b. DATE SIGNED
	M Es telle Councily M.D. ATTENDING MED. DIRECTOR PHYS. 11/4/67
should be	NAME (Type) M. ESTELLE CONDING G. B. M.C.  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) (State)
Q.	24. FUNERAY DIRECTOR ADDRESS LOSS REGISTRAR 250. REGISTRAR'S SIGNATURE
1/65	Atten June Stone Jourson M. DATE 1017. 1967 Occurred Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14925 14931 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2 USUAL RESIDENCE (Where deceased ) yed, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Baltimore o STATE Maryland b. COUNTY MARYLAND b CTY OR TOWN (If outside corporate I mits. c CITY OR TOWN (I outside corporate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 write RURAL and give nearest town) Timonium Timonium d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? cal Examiner's Office along with farm 7 Washington Street 7 Washington St. State | NO P 3 NAME OF 4 DATE Eirst Month DECEASED (Type or print) CAVATEY 8 DATE OF BRITH LAWRENCE November PATRICK DEATH NEVER MARRIED FUNDER 1 YEAR S SEX 9 AGE (In years 6. COLOR OR RACE 7 MARRIED lost pirthday) Months Dovs 72 haurs after death. Male WIDOWED DIVORCED White 59 Yrs 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 B-RTHPLACE (State or foreign country) 12 CTIZEN OF WHAT INDUSTRY O. during most of working life, even fret red) . COUNTRY? hurland 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within Thomas i. (ovaneu 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, pg, or unknown) (If yes give, wor or dates of service) within Family records 219-16-3953 es INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY Shotgun Wound of Abdomen IMMEDIATE CAUSE (a) DUE TO any Conditions, if any, which gove rise to immediate couse (a), **DUE TO** stoting the underlying couse last. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ITO 19 WAS AUTOPSY PERFORMED? remaval, NO 200 EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING 20b DESCRIBE HOW NURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) Shot self in abdomen CAUSE OF DEATH 20c TIME OF INJURY Month Day Year 20d NJURY OCCURRED 20e PLACE OF NJURY (Mome form. (City or town) (County) (Stote) Hour om foctory, street, office bldg, etc.) Not While While of work FUNERAL DIRECTOR: Page of work 1967 UNK pm 11/2 Home Baltimore, Md. 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection . Inquiry , and in my opinion deoth resulted from: Notural couses Accident . Suicide X. Homic de Undetermined monner the funeral directar CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER XX pridr SIGNATURE 11/3/67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Spitx Werner U. FUNE Health NAME (Type) Address (Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BUR AL CREMATION. 23b DATE THEREOF OREMOVAL (Specify) St. Joseph's Cemeteru lexas. selto. will 24 FUNERAL DIRECTOR VR A 15ME (5) lowson, iaryland 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14927 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY o. STATE Marviandiy Baltimore Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAs and give nearest town) write RURAL and give negrest town) Baltimore ON A FARM? d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) CV 1423 Hadwick Drive the attending physician and completely filled sit permit. Then please remove carban page YES 🔲 St. Joseph Hospital. Towson. Md. 21204 NO NAME OF Middle 4 DATE Month Lost Year DECEASED CROUTHAMEL November 24 67 KATHERINE 19 (Type or pnnt) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE 7 MARRIED [X] NEVER MARRIED B. DATE OF BIRTH AGE (In years Jost, birthday) Months Davs Hours 9-11-20 White Female WIDOWED ar remayal, and in any DIVORCED 10b KIND OF BUSINESS OR 12 C TIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during most of warking life, even if retired)
Housewife U.S.A. INDUSTRY Baltimore. Md. 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME Archebald McAllister Mollie V. Keller 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Essex. Md. (Yes, na, or unknown) (If yes give war or dates of service) Hadwick Dr 219-10-0047 Raymond Crouthamel 1423 No crematian. 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) )
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) Massive hemorrhage signed by DUE TO Hepatic decompensation Conditions, if ony, which gove nse to immediate cause (a), DUE TO Nutritional cirrhosis stating the underlying cause Page 4 may be retained by the haspital or attending as the has been last. WAS AUTOPSY PERFORMED? ES A NO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) ed far use of Health p NO O FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or lown) (County) (Stote) 20c TIME OF INJURY Month, Day, Year Haur o.m foctory, street, affice bldg., etc.) Not While 11-24 11-d2 2). I certify that (%) (this haspital) attended the deceased fram and that death accurred at 150P M, fram causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. **ATTENDING** Divember 25,1967 Llinns M.D. 22d. ADDRESS 22c PHYSICIAN'S Samuel C. H. Lee, M. D. 7620 York Road, Towson 4, Maryland NAME (Type) director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. 8URIAL, CREMATION 23b. DATE THEREOF (Stote) REMOVAL (Specify) Nov. Balto. National Baltimore, Maryland Cem 2So. REC'D BY 25b REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Funeral Home Pratt&stricker Sts DATE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14928 CERTIFICATE OF DEATH 14933 death haurs after death. 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. STATE MARYLAND BALTIMORE b. COUNTY MARYLAND BALTIMORE b CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURA, and give negrest town) Days DINDALK TOWSON e IS RESIDENCE d NAME OF HOSPITA, OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS ON A FARM? requires that the death certificate be executed within 24 the attending physician and campletely filled sst permit. Then please remove carban pape ST. JOSEPH HOSPITAL 6812 BELCLARE RD. YES event, within 3 NAME OF First Middle Lost 4 DATE Day Year DECEASED S. IF UNDER T YEAR (Type or print) CHESTER DEATHNOVEMBER CHYNAR 9. AGE (In years lost birthdoy) IF JNDER 24 HRS S SEX 6 COLOR OR RACE 8 DATE OF BERTH 7 MARRIED NEVER MARRIED Months Dovs Hours ar remaval, and in any WIDOWED DIVORCED MALE WHITE AUGUST 11.1913 54 yrs 12 CIT ZEN OF WHAT 10o, US\_AL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working ife, even if refired)

Welder INDUSTRY COUNTRY? CO.CLEVELAND, OHTO BETHLEHEM STEEL TI.S.A 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary ?? Stanley Cwynar 17 INFORMANI(Wife) Address Dundalk. Md. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes pive war or dates of service) 278-07-5995 Mrs. Lillian Cwynar, 6812 Belclare Rd. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: Thrombosis of left coronary artery IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove (b) coronary arteriosclerosis rise to immediate couse (o), **DUE TO** stoting the underlying cause as the priar tal O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been 9 WAS AUTOPSY PERFORMED? YES X NO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE CONDITION GIVEN IN PART 1(o) ed far use a 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 15 of Item 18.) 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF E THER, NOTIFY MEDICAL EXAMINER) (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) 20s TIME OF INJURY Month, Doy, Year foctory, street, office bldg. etc.) Not While at work ot work 21. I certify that (A (this haspital) attended the deceased fram NOVEMBER 15, 1967, to NOVELBER 20967, that (A (we) last saw the deceased alive an NOVEMBER 2019 67, and that death accurred at 2.70 My fram causes and an the date stated above 22b DATE SIGNED 220 SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS 11/20/67 director, page 3 should be filed v Q.M PHYS 22d ADDRESS 22c PHYSICIAN € Ines Cilliani. /M.D. 7620 York Rd., Towson, Md. 21204 NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BUR AL, CREMATION, 23b DATE THEREOF (County) (Stote) PEMOYAL (Specify) 11/24/67 St. Stanislaus Cemetery Baltimore, Md. 25b. REGISTRAR S S GNATURE 24. FUNERAL DIRECTOR
John J. Duda, 7922 Wise Ave. Dundalk, Md. **VR A15** 



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) . COUNTY Baltimore b. COUNTY Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville Baltimore d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? Summit Nursing Home 3631 Lochearn Drive YES NO 3. NAME OF M ddle 4. DATE Month Yeer DECEASED OF 1967 (Type or print) DEATH Nov. Pritchett Day May 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH lasi birthday) | Months | Days Female Hours 26, 1888 July WIDOWED IX DIVORCED IDe. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY II, BIRTHPLACE (County & State, or fore an country) | 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Dorchester Co., Md. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Jones Sarah William 0 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown), (Hyesgivewardedesofservice) William P. Hughlett 17 E. Eager St. 1B. CAUSE OF DEATH [Enter only one cause per I ne for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH CIPOTIC CARDIUNAS PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY CERTIFICATION PERFORMED? 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert I of tem 18) 20a ACC DENT WAS JNDERLYING [ OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 2De PLACE OF INJURY (Home, farm, 2Dc. TIME OF INJURY 2Dd. INJURY OCCURRED I 2Df. (City or town) (County) Month, Dev. Year (Stele) factory, street, office bidg., etc.) While Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from, 7, and that death occured at 8. .....M, from the causes and on the date stated above. saw the deceased IRE 22b. DATE 220. SIGNATURE **6IGNED** ATTENDING DIRECTOR M.D. PHYS FUNERA FUNERA rector, pag 22c PHYSIC AN'S ADDRES! NAME (Type CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL CREMATION, る寺の REMOVAL (Specify) Woodlawn, Md. Lorraine Park Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A1S (4) 15M 7,61

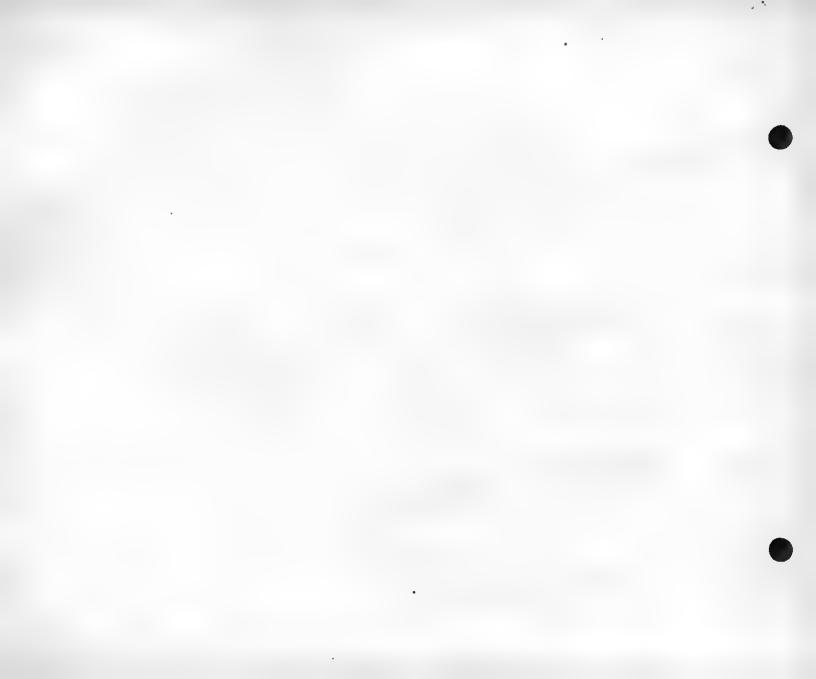


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14935 I PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admiss on) o COUNTY o. STATE b COUNTY Page ALTIHORF ALTINGICE MARYLAND b CITY OR TOWN ( f outside corporate limits, C . ENGTH OF STAY IN IN c CITY OR TOWN (If guiside corporate I m ts, write RURAL and give nearest town) write RURAL and give pearest town) DUN DALK .2/222 UNDALK d. NAME OF HOSPITAL OR INSTITUTION Lift not in hospital, give street address) d. STREET ADDRESS e IS RESIDENC 18 Give Pages r haurs ON A FARM? 535 BAYSIDE DRIVE BAYSIDE ate YES 🔲 NO 🔀 3 NAME OF Middle 4 DATE Month Year DECEASED OF YORE within (Type or print) DEATH IF UNDER I YEAR 5. SEX 6 COLOR OR RACE DATE OF BIRTH 9 AGE (In years IF LINDER 24 HRS 7 MARRIED **NEVER MARR ED** Inst birthday) Davs HOLIS WIDOWED D-YORCED. event 10a USUAL OCCUPATION (Give kind at work done 10b KIND OF BUSINESS OR (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY PAKYLAND CLERK 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME be executed within 5 AY BELL CHASE A4150N 16 SOCIAL SECURITY NO 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes give war at dates at service) remayal. LESTER L. DE YORE 535 RAYSIDE DR 18 CAUSE OF DEATH (Enter only one cause per ne for (a) (b) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ō IMMED ATE CAUSE (o) This certificate shoud crematian, DHE TO farwarded to the Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause last burial, PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES [ 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of in ur) in Part or Part 11 of item 18) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY Home form. (City or town) 20c TIME OF IN. JRY Manth Day, Year (County) Haur am. factory, street, office bidg, etc.) may be retained for your FUNERAL DIRECTOR: Page 21. I certify that I took charge of the remany described obove, held an Autapsy Inspect on Inquiry -: ond in my opinion death resulted fram Natural causes 🕶 Accident 7 Suicide 17. Hamicide | Undetermined manner the funeral director CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY Health or **EXAMINER'S** NAME (Type) MELVIN 23c NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, DATE THEREOF LOCATION (City or Town) (County) 50 REMOVAL (Specify) TOLY ITOS ARYL EH. FUNERAL DIRECTOR REGISTRAR S SIGNATU VR A15ME (5)

6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14931 CERTIFICATE OF DEATH 4336 24 haurs after death I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY b COUNTY o STATE MARYLAND b CITY OR TOWN (If outside corporate imits. LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RJRAL and give nearest town) write RURAL and give nearest town) LTIMORE Ó 4150 e IS RESIDENCE ON A FARM? d NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS YURSING HONS NO 🖳 YES OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within NAME OF Middle 4 DATE Lost Doy Tear DECEASED OF (Type or print) DEATH 19 6 and in any event, IF UNDER 24 HRS IF JADER 1 YEAR S SEX 6 COLOR OR RACE AGE (In years 7 MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED K DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY LAMW SHIPFINE 13 FATHER'S NAME 14. MOTHER S. MAIDEN NAME crematian, ar remaval, 1510 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANI (Yes, no, or upknown) (If yes give wer or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) þ DUE TO signed l Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse as the DIRECTOR: After this certificate has been 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) FICATION detached far use te Dept. af Health 2 NO YE5 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 200 ACCIDENT WAS UNDERLYING . OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour om. factory, street, office bldg., etc.) Not White of work Page 4 may be retained by , 19 6 / that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from , to 162 and that death occurred at PM, from couses and on the date stated above. sow the deceased alive on, 22o SIGNATURE 22b DATES GNED M.D r, page 3 be filed v DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Maurice Feldman director, 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Cum 2Sb REG STRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 3000 €. 25M 1/67 X



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH o. COUNTY a. STATE Md. b. COUNTY Baltimore Baltimore MARYLAND C LENGTH OF STAY IN 15 b CITY OR TOWN (If outside corporate limits, write RHPAL and give nearest town) c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lawn) Timonium Yrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM 34 111 Charmuth Rd. 111Charmuth Rd. NO requires that the death certificate be executed within 3 NAME OF Middle Last 4 DATE Month Year Nov. 3,1967 DECEASED J. Beverly Dooley (Type or print) DEATH IF UNDER 24 HRS. S SEX 7 MARRIED AGE ( n years IF UNDER 1 YEAR 6 COLOR OR RACE NEVER MARRIED 8 DATE OF BIRTH remove (gys b rithday) 3-15-1901 Cauc. L'ondin any WIDOWED DIVORCED 105 KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10a, USUA, OCCUPATION (Give kind of work done COUNTRYS physicion o INDUSTRY quindLibzPot worklift ne Sen fi Eniceq) Roanoke, Va. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the ottending phy burial-transit permit. Then burial, cremation, ar removal Lilian L.Oden Robert Lee Dooley the ottending party the 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, of unknown) (If yes give war at dates of service) 232 14 5897 Jane Dooley, Timonium, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY. OCAKDIAZ INFARCTION IMMEDIATE CAUSE (a) RTERIOSCLEROTIC CARDIOVASCULAR DISEASE 4 MOS Conditions, if ony, which gove rise to immediate cause (o). DUE TO stating the underlying cause ached for use as the Jept. of Health prior to last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO W TO FUNERAL DIRECTOR: After this certificate 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18) 20g ACCIDENT WAS UNDERLYING ... OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year foctory, street, office bldg , etc.) Not While at work at wark , 1960, to 100. 3, 1967, that (I) (we) last 21. I certify that (I) (this-hospital) attended the deceased fram. be retained director, page 3 should should be filed with the 1967, and that death accurred at 2 1. M, fram causes and an the date stated above saw the deceased glive an NAS 22b. DATE SIGNED 22m SIGNATURE ATTENDING PHYS. STAFF PHYS. NOV. 3 1967 DIRECTOR M.D. 22d. ADDRESS 22c PHYSICIAN S NAME (Type) Dr. William A. Pillsbury 2060 York Road, Timonium, Maryland 23d LOCATION (City or Town) 23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Cockeysville, Md. Baltimore Dulaney Valley Entombment Nov. 6.67 2So. REC D BY REGISTRAR ADDRESS 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) Wm. Cook-Brooks Towson, Towson, Md. 21204 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14933 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission). a. COUNTY a. STATE b. COUNTY BALTIMORE MARYLAND Carvel Hall. Maryland Anne Arundel b CTY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) Annapolis d NAME OF HOSPITAL OR .NSTITUTION (If not in haspital, give street address) 5 yrs. - 30d. S RESIDENCE ON A FARM? d STREET AOORESS Filed within? COLLEGE MANOR, Lutherville, Md. 21093 YES NO TO Carvel Hall 3 NAME OF Eirst Last DATE Year DECEASEO Geraldine Richmond 2nd. . 19679 and in any event, Dugan OFATH November (Type or print) comple 9 AGE (In years IF UNDER 1 YEAR S. SEX 6 COLOR OR RACE 7 MARRIEO NEVER MARRIED 8 OATE OF BIRTH F UNDER 24 HRS. det berthday) Months Days Haurs 3-9-1873 WIDOWED DIVORCED White physician and c 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

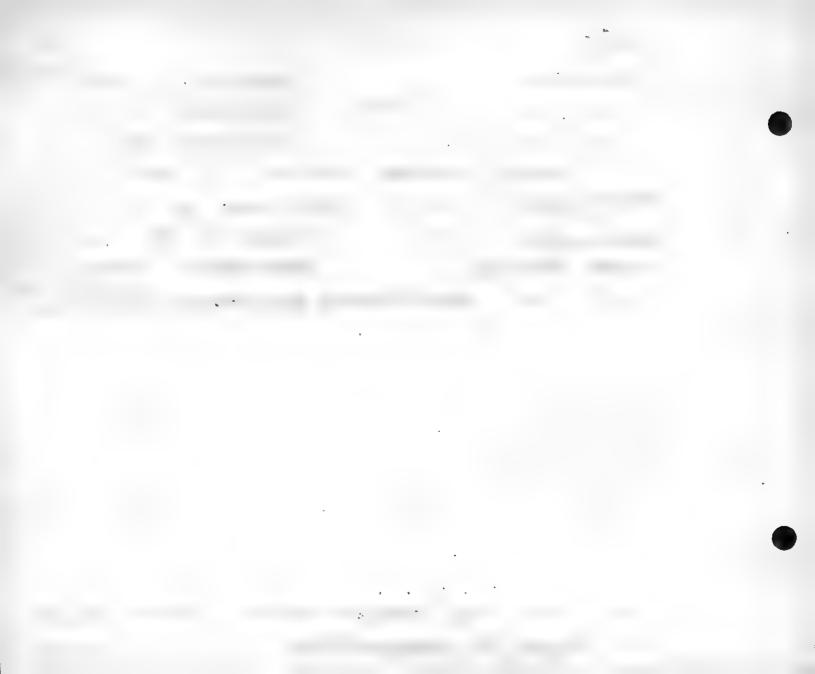
House-wife INDUSTRY COUNTRY? House-wife Cheyennne, Wyoming
14. MOTHER'S MAIDEN NAME U.S 13. FATHER'S NAME or remaval, Henry Richmond MeGinniss 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war or dates of service Mrs. S.R. Clark, Annapolis, Maryland crematian, 18 CAUSE OF DEATH (Enter any one cause per line for INTERVAL BETWEEN ONSET AND DEATH burnal-transit PART I. OFATH WAS CAUSED BY IMMEDIATE CAUSE (o) be retained by the haspital ar attending physician. OUE TO signed burial. Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause as the WAS AUTOPS has PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PERFORMED? CERTIFICATION this certificate 20a ACCIDENT WAS JNDERLYING 20b OESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part , or Part II of item 18) detached for OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJRY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or fown) (County) (State) Hour 'a.m. factory, street, office bldg., etc.) Not While at work 21. I certify that (IV(this haspital) attended the deceased from TO FUNERAL DIRECTOR: and that death occurred at M. from causes and an the date stated above saw the deceased alive ar 22b. DATE SIGNED 22a SIGNATURE **OIRECTOR** PHYS PHYS page of filed Page 4 may b 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) directar, p BURIAL CREMATION NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) FUNERAL OIRECTOR 2Sb RÉGISTRAR S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14939 14934 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before odm ssign) a. COUNTY b COUNTY MARYLAND BALTIMORE MARYLAND b CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURA, and give negrest town) FORT HOWARD BALTIMORE - 21205 91 DAYS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) popers d. STREET ADDRESS B IS RES DENCI ON A FARM 1928 E. EAGER STREET VETERANS ADMINISTRATION HOSPITAL NO. 3. NAME OF Middle pou. 4 DATE First DECEASED NOVEMBER 19 67 STANFORD DUTTON (Type or print) WINDSOR DEATH remove car NEVER MARRIED DATE OF BIRTH AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED last birthday) NECRO WIDOWED DIVORCED OCTOBER 20, 1908 MALE 10a JSUAL OCCUPATION (Give kind of work done TOP KIND OF BUSINESS OR 13 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY WOODBINE, MARYIAND CHAUFFEUR 13. FATHER'S NAME IA. MOTHER'S MAIDEN NAME cremotion, or removal. CATHERINE CHRISTIAN CLARENCE DUTTON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give war ar dates af service) 17 INFORMANT 16. SOCIAL SECURITY NO CLIN.RECORDS. VA HOSPITAL, FT HOWARD. 212 20 93 78 YES INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) signed by the buriol-tronsit RECENT PART I. DEATH WAS CAUSED BY: UREMIA IMMEDIATE CAUSE (a) DUE TO UNKNOWN Conditions, if any, which gave DIABETIC NEPHROPATHY rise to immediate cause (o). stating the underlying cause UNKNOWN ARTERIOSCHEROTIC HEART DISEASE PART II OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART T(c) 19 WAS AUTOPSY PERFORMED? BENIGN PROSTATIC HYPERTROPHY. DIABETES MELLITUS, CLINICAL NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 1 of Item 18) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM NER) MEDICAL 20d INJURY OCCURRED 2De PLACE OF INJURY (Hame, farm (City or town) (State) 20c TIME OF INJURY Manth, Day, Year factory, street, affice bldg , etc.) Haur 'o.m. Not While 21. 1 certify that ( (this haspital) attended the deceased from. 8/3/67 be retoined and that death occurred a2:15PM, from causes and on the date stated above DIRECTOR: saw the deceased alive on... 22n SIGNATURE 22b. DATE SIGNED MED D-RECTOR M D TO HOSPITAL Page 4 moy b 22d ADDRESS 22c PHYSICIAN'S TO FUNERAL VAH FORT HOWARD, MARYLAND JORGE A. FABARA, M. D. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL CREMATION. 23b DATE THEREOF (County) (State) Simpson Chapel Church Cemetery, Poplar Springs, Md. 2Sb. REGISTRAR'S SIGNATURE -EJNERAL DIRECTOR VR A15 (4) 25M 1/67 STREET BALTIMORE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. 1. PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b hours ESUILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? SLADE 3. NAME DE First Middle Last DATE Month Day Year DECEASED DF DEATH event. MALINE EBAUGH 196 (Type or print) 5. SEX DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS last birthday) | Months | Days | Hours | Min. NEVER MARRIED WIDOWED Z DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR E & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? physicia þe during most of working life, even if retired) INDUSTRY 11-5-9 death certificate MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unknown) [(If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause-per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO buri Cenditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) tached f OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work O 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 3:30 M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. PHYS. HOSPITAL 22c. PHYSICIAN'S ADDRESS 22d. TO FINERA director, NAME (Type) BERNARD BURGIN. BURIAL, CREMATION, 23b. DATE THEREOF (State) FUNERAL DIRECTOR VR ALS (4) 20M 1/65



, 1		MARYI DIVISION OF STATISTICAL RESEAR	<b>.AND STATE DEP</b> RCH AND RECORDS.		MEALTH Nistreet, Baltimore	E 1. MARYLAND
I = = NA A		14935 Thom #16 Est	CERTIFICATE		· ·	14341
after death. the funeral ges 1 and 2 after death	1.	PLACE OF DEATH	######################################		E (Where deceased lived, If Institu	
	1	Baltimore	MARYLAND	a. STATE Mary	land b. COUNTY	Baltimore
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write	RURAL end give nearest town)
3 473		Essex(21)		Essex	(21)	Le 10 officeror
73g E-)		d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	oitai, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	3.	800 Back River Neck Rd.	B14 1474		A DATE Month	Day Year
law requires that the death certificate be executed within attending physician. The seen signed by the attending physician and completely fill as the burial-transit permit. Then please remove carbon per prior to burial, cremation, or removal, and in any event, within	3.	NAME OF First DECEASED (Type or print) Gustav Adolph	Middle Ebersberger	Last	4. DATE Month OF DEATH November	
rted com eve c	5.	The state of the s		. DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS.
and remo		ale White WIDOWED	DIVORCED N	ov. 14, 1891	75 yrs.	onths Days Hours Min.
ian din din din	10a dur	USUAL OCCUPATION (Give kind of work done 10b. KIN ing most of working life, even if retired) IND	D OF BUSINESS OR USTRY	11. BIRTHPLACE (Co	unty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ysic ysic plea			ral Store	Baltimore	Maryland	USA
iffica g ph	13.			14. MOTHER'S MAID		
ndin ren	15	Michael Ebersberge: WAS DECEASED EVER IN U.S. ARMED FORCES?   16.50		Helena INFORMANT	Schafer Address	
e death certificate be the the attending physician it permit. Then please sation, or removal, and in	(Ye	, no, or unkown) ((If yes give war or dates of service) 21. No = \$20		Margaret Ebe	ersberger Same	
the tree ation		18. CAUSE OF DEATH [Enter only one cause per line		MI garou Dix	TOOTEOT DAME	INTERVAL BETWEEN
t the		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	umone	a		241115
PHYSICIAN: The law requires that the death certifica the hospital or attending physician. this certificate has been signed by the attending phy detached for use as the burial-transit permit. Then e Dept. of Health prior to burlal, cremation, or remova		7 DUE TO	1	8. 1.	1:	1445
phy si phy pur pur pur pur	П	conditions, if eny, which gave rise to immediate (b)	monary_	Embo		
ding ding bee the or to	Ш	cause (a), stating the DUE TO	inselport!	: Quelia	Vanular dise	ne 2 yeurs
law Itten has as pric	No	underlying cause last. (c) (C) (FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED?
The or a cate r use ealth	CERTIFICATION					YES NO
AN: Dital Tiff of Ha	RTIFI	20a. ACCIDENT WAS UNDERLYING   20b. DE	SCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury in Part I or Pert II of I	tem 18.)
PHYSICIAN: the hospital this certifi detached fo e Dept, of H		OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				44-1-1
the petting	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJ Hour e.m. While -	Not While - 20e. PLAC	CE OF INJURY (Home, fa y, street, office bldg., et	rm, 20f. (City or town)	(County) (State)
ING I by After I be Stat	M	p.m. 19 at work	at work	A 40 1	17.00	20/ 4 10-1 10 (10) (10)
OR ATTENDIN De retained b be retained b INECTOR: Att ge 3 should b ed with the St		21. I certify that (I) (this hospital) attended saw the deceased alive on 24.3.1		death occurred at 2	P M from the causes an	, 1967, that (I) (we) last and on the date stated above.
ATT Tet.		22a. SIGNATURE	19124 and mat			22b. DATE SIGNED
y bed y bed iled		- Milliam gan	elner M.D.		MED. STAFF PHYS.	1/-/-6/
FOR HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR, After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit should be filed with the State Dept, of Health prior to burial, cremat	L	22c. PHYSICIAN'S C. M. Balling	GAYDNER	22d. ADDRESS	10th 212	-37
HOS age FUNI ould	238	BURIAL CREMATION 23b. DATE THEREOF	3c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	n or county) (State)
5 5 5 5 V	1	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	Oak Lawn Ceme		Baltimore Co	
151	24	FUNERAL DIRECTOR	ADDRESS	14.1 (		ISTRAR'S SIGNATURE
VR A15 (4)	2	uzdzinski Funeral Nome 140	7 Eastern Ave.	DATE	0 0 1001	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14937 CERTIFICATE OF DEATH 0 24 haurs after death. death. 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) filled in by the funeral papers I and PLACE OF DEATH **6 COUNTY** o STATE p. COUNTY Litimore MARYLAND CCITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) b CITY OR TOWN ( f putside corporate limits, c LENGTH OF STAY IN 16 write RURAL and give nearest town) B.ltimore Catonsville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Shangri-La Nusing Home 1003 Flagtree Lane NO The law requires that the death certificate be executed within 3. NAME OF First Middle Last 4 DATE Month Year Day campletely remove carbai **OECEASED** FRANK EBLINE EAWA 30 NOV . 19 and in any event, Type or print) DEATH F UNDER 1 YEAR S SEX 6 COLOR OR RACE OATE OF BIRTH AGE (In years IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIEO** iast\_birthday) Months Days Hours Wh 1/27/85 M DIVORCED WIDOWED 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 10a USUAL OCCUPAT ON (Give kind of work done 11 BIRTHPLACE (County & State, or fareign country) COUNTRY? during most of working life even if retired) INDUSTRY Haryland UNA 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME ar remayal, 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Douglas v. Ebline (Yes, no, or unknown) (If yes give wor or dates of service) 217-34-2084 Flustree L. ne burial, crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter any one couse per line for (a) (b), and (c) burial-transit PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) þ DUE TO signed l Conditions, if ony, which gave nse to immediate cause (a), DUE TO stating the underlying couse be retained by the haspital ar attending FUNERAL DIRECTOR: After this certificate has been far use as the State Dept. of Health prior to (c) WAS AUTOPS PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION PERFORMED? YES 🗍 NO 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205 OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) detached (Stote) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year Hour a.m. Not While factory, street, affice bldg., etc.) at wark at wark 1965 19 67 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram. shauld 19 67, and that death occurred of M, from causes and on the date stated above. 120 saw the deceased alive on. 12.10PM 22g. SIGNATUR DATE SIGNED 22b ATTENDING STAFF M.D. PHYS DIRECTOR PHYS. 22d ADDRESS 22cc PHYSICIAN'S Page 4 may NAME (Type) director, should b 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) B. Itimore. Md. Loudon Park Cem. 12-4-67 2 250 REC'D BY REGISTRAR DATE DEC 1 AD DRESS 24 FUNERAL DIRECTOR - LOI Lumondson Ave. Wiczke F. 20 M 1

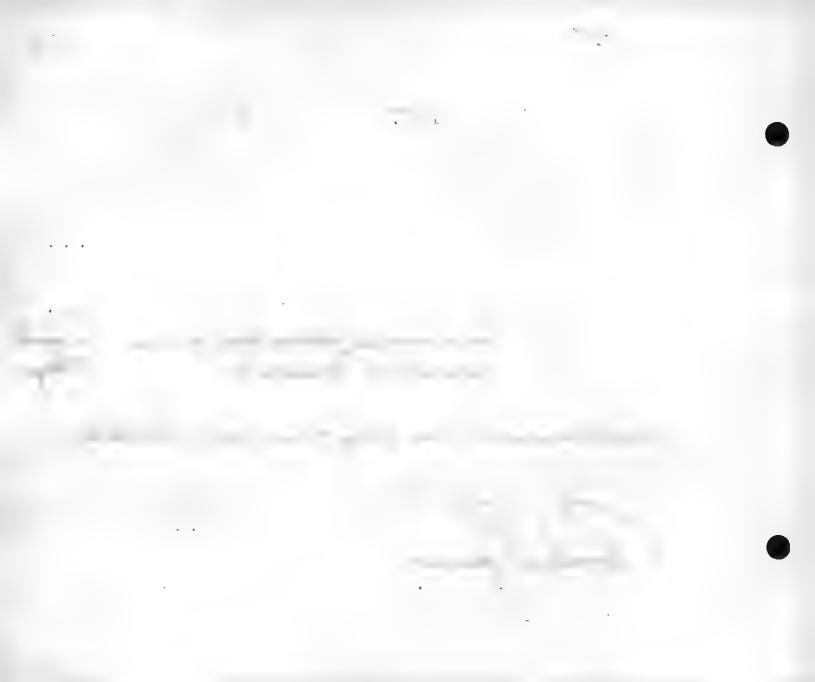


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14943 CERTIFICATE OF DEATH The low requires that the deoth certificate be executed within 24 hours ofter death. puo 2. USUAL RESIDENCE (Where deceased rived, if institution Residence before admission) 1. PLACE OF DEATH Baltimore COUNTY MARY! AND b. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) C. LENGTH OF STAY IN 16 guitside camparate limits, write RURAL and give nearest town) Wilson d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? ond completely filled remove corbon pape n ony event, within 7 Wilson State Hospital YES NO Mt. NAME OF Middle DATE Year DECEASED OF 19 6 DEATH (Type or print) ond in ony event, IF LNDER YEAR IF UNDER S SEX DATE OF BIRTH AGE (In years RACE 7. MARRIED NEVER MARRIED lest-birthday) Days Haurs DIVORCED WIDOWED 10o. USLAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT physician c during most of warking life, even if refered) COUNTRY? INDUSTRY tourens. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, 16 SOCIAL SECURITY NO 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war at dates of service) Records, Mt. Wilson State Hospital 212-19-2399 cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter any one cause per line far (a), (b), and (c)) the th ONSET AND DEATH buriol-transit PARY I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) signed by Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause the hospital or ottending certificate has been Health prior to last. WAS AUTOPS PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? CERTIFICATION YES [ NO 20 20o. ACC DENT WAS UNDERLYING [ 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL (State) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg, etc.) Haur a.m. Nat While OR ATTENDING at wark at wark **DIRECTOR:** After Page 4 may be retained by O FUNERAL DIRECTOR: After 19 (we) las 21 I certify that (I) (this haspital) attended the deceased fram. M, from causes and on the date stoted above 19\_6 7 and that death accurred at saw the deceased alive on. 22b. DATE S GNED 22a SIGNATURE ATTENDING MD PHYS DIRECTOR PHYS filed 22d. ADDRESS 22c PHYSICIAN S NAME (Type) Wm .. M.D., Mt. Wilson, Maryland Supt. Newcomer director, should be 23d LOCATION (City or Town) 23a BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify)
Burial 11-6-67 Arbutus Mem. Pk. Baltimore. Maryland 250 REC'D BY REGISTRAR 25b REGISTRAR S S GNATURE 24. FUNERAL DIRECTOR DATE NOV Arlington S. Phillips 1727 N. Monroe Street



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14935 14544 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o SIAMaryland b COUNTY Dorchester Baltimore MARYLAND b CITY OR TOWN (If outside corparate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town within 72 haurs Cambridge mon. If day 3 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? paper filled 820 Robbins Street Rosewood State Hospital NO [20 The law requires that the death certificate be executed within 3 NAME OF Middle DATE carbon Month Year completely DECEASED 1967 Timothy II Lacurtis Farrare (Type of pnnt) DEATH 6 COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED 7. MARRIED lost\_birthdoy) Hours 6-25-62 and in any Male Negro WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician ( during most of working life, even if retired) INDUSTRY COUNTRY? Dorchester, Maryland none none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, Lacurtis Henry Farrare Barbara Ethel Pinkett attending p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dates of service) Rosewood's Records Owings Mills. Md. none cremation, 18. CAUSE OF DEATH (Enter only one couse par-line for (a), (b); and (c).) bur.al-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) IVG À signed I burial, Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse as the PART IS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART WAS AUTOPSY PERFORMED? has certificate 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of tem 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Home, form, 2Dc. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) foctory, street, office bldg., etc.) of work not (X) (this harmal) aftended the deceased fram 10/11 1967 to 11/27 , 1967, that (# (we) last be retained and that death occurred at 5:05 Mp from causes and on the date stated above. PUNERAL DIRECTUR: saw the deceased alive an 22b. DATE SIGNED 22o. SIGI 11-28-67 director, page 3 shauld be filed w X M.D. DIRECTOR 22r. PHYSICIAN'S 22d. ADDRESS Page 4 may Richard A. Vones. M.D. Rosewood State Hosp., Owings Mills, Md. 236 BURIAL, CREMATION 23b. DATE THEREO 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Reids Grove Cemetery Near Reids Grove, Maryland 0 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

VR A15 (4)



1	- DIVISION OF STA	MARYLAND STATE DEPARTMENT OF HEALTI ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET	H r, Baltimore 1, Maryland
£ 60£	4940	CERTIFICATE OF DEATH	1 1045
hours after death d in by the runeral fs. Pages if and it.	COUNTY OR TOWN (if outside	D Md. MARYLAND 2. STATE  C. LENGTH OF STAY IN 1b C. CITY OR TOWN (H outside corp.)	b. COLINTY  Orate limits, write KOKAL and give nearest town)
- Diego	write RURAL and give ne	arest town)    STITUTION (If not in hospital, give street address)   Control of the street address   Control of the street add	3 Sykesville, md.  o. Is residence on a farmi.
within 2.  npletely fill carbon pai	NAME OF DECEASED (Type or print)	First Middle Lest 4. DATE OF DEATH	YES   NO.   No.
e executed an and cor e remove in any eve	GEX 6. COLOR (  USUAL OCCUPATION (Give kin  ing most of working life, ever	WIDOW DIVORCED 7-9-90-7	AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.   last birthday)   Months   Days   Hours   Min.   yrs.   or foreign country)   12. CITIZEN OF WHAT
The law requires that the death certificate be executed within or attending physician. Cate has been signed by the attending physician and completely r use as the burial-transit permit. Then please remove carbon lealth prior to burial, cremation, or removal, and in any event, with	ARPENTE FAITHER'S NAME	14. MOTHER'S MAIDEN NAME	DIEDECKER
death cer e attendir permit. T ion, or rer	No: - W	ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AT OF CHARLES OF SERVICE) 213-18-0644 NUYSING STORM	Address
that the sician. ned by th al-transit al, cremat	PART I, DEATH WAS CA	AUSED BY: CE CAUSE (a)  DUE TO	INTERVAL BETWEEN ONSET AND DEATH
The law requires that to a stending physician, ate has been signed by use as the burial-transalth prior to burial, cre	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b) 117411.103 c 1070511 DUE TO (c)	30 yrs
N: The law tal or atte ificate har for use a Health pr	17 +	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND	YES NO X
Fig. 4 may be retained by the hospital or attending physician.  Page 4 may be retained by the hospital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the att director, page 3 should be detached for use as the burial-transit perm should be filled with the State Dept. of Health prior to burial, cremation,	OR CONTRIBUTING ☐ CAUS (IF EITHER, NOTIFY MEDICA 20c. TIME OF INJURY Mon Hour a.m.	th, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)	City or town) (County) (Stete)
OR ATTENDING be retained by JIRECTOR: After ge 3 should be ed with the Stat	21. I certify that (I) (I saw the deceased aliv	this hospital) attended the deceased from 10/15, 1967, to e on 11/24 1964, and that death occurred at 3.450M, fro	m the causes and on the date stated above.
may be ranged in the state of t	22c. PHYSICIAN'S NAME (Type)	M.D. ATTENDING MED. DIRECTOR D	STAFF DI 266
TO HOSPITAL O Page 4 may b TO FUNERAL DI director, page	BURIAL, CREMATION, 23t REMOVAL (Specify)		CATION (City, town or county) (State)
VR A15 (4)	FUNERAL DIRECTOR	ADDRESS   25a. REC'D BY REGIS	
15M 4-64	-Glarence T. 1	VI SON	_ ' - U - U - U



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14941 14946 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2 USDAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COLINTY o STATE b. COUNTY Paltimore MARYLAND Marvland Baltimore b CITY OR TOWN (if outside corporate l'mits, c LENGTH OF STAY IN 1b. c CITY OR TOWN (If outside corporate imits write RURAL and give nearest town) gud write RURAL and give negrest tawn) Essex (21) Essex (21 e IS RESIDENCE ON A FARM? d NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street oddress)
I arine Easin Marina d STREET ADDRESS "pending" in pencil in Item 18. Give Pages 1, ef Medical Examiner's Office olong with-farm 315 Endsleigh Ave. YES NO-€ 1900 Eastern Ave This certificate shauld be executed within 24 hours after death 4. DATE NAME OF Middle Lost Month Year Doy DECEASED (Type or print) NETI. DONALD. FAWRUSH DEATH November 2 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS File pages lond 2 with S SEX 7 MARRIED XXX B DATE OF BIRTH 6. COLOR OR RACE NEVER MARRIED lost birthdov) Months Dovs Hours in ony event within 72 hours after death. Male WIDOWED DIVORCED White July 3, 1923 YES 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if refired)
Owner- Operator COUNTRY? INDUSTRY Service Station W. Va. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Clyde W. Fawbush Nellie Gilbert 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no or unknown) [[If yes nive wor or dotes of service] 234 20 5328 Ruth R. Fawbush INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line is (1), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) e, writing the word ' forwarded to the Ch DUE TO Conditions, flony which gove rise to immediate couse (a). **DUE TO** stoting the underlying couse last. 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAYED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART LIG or removol, CATION please execute the certificate, YES 1 NO 20b DESCRIBE HOW MULRY OCCURRED (later nature of impact in Port 1 or Part 1 of Item 18) CERTIF.( 20o EXTERNAL CAUSE WAS 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20e PLACE OF INJURY (Home form 201 (City or town) 20c TIME OF INJURY Month, Day Year 20d INJURY OCCURRED (County) factory, street, office bldg, etc.) Not While FUNERAL DIRECTOR: Poge ot work at work 21. I certify that I task charge of the remains described above, held an Autopsy ... Inspection ... Inspection and in my aphian death resulted fram-Natura causes 1. Accident . Suicide . Hamicide | Undetermined manner the funeral director be retained CHIEF MEDICAL EXAMINER ACTUAL 5 may be reto TO FUNERAL DI Health prior to 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MED CAL EXAMINER **EXAMINER'S** 11/2/67 M. B. Davis, M. D. 6800 Mornington Rador Bathdalk to 220 0 Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23h DATE THEREOF (County) 23o. BURIAL, CREMATION, (Stote) Burial (Specify) Baltimore National Baltimore, Md. 250 REC D BY REGISTRAR 25b REG STRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR ATSME (5 Milane 1967 Foneral Home 1407 Eastern Ave. DATNOV 6 6M 1/67 Bruzdzinski



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14842 CERTIFICATE OF DEATH 14547 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death oud PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a COUNTY D b. COUNTY o. STATE MARYLAND c. CITY OR TOWN (If ourside corporate I mits, write RURAL and give necrest town) b CITY OR TOWN (If outs de comporate limits, write RURAL and give neafest town) c LENGTH OF STAY IN 16 BALTIMORE d NAME HOSPITAL OR INSTITUT ON (If not in hospital give streat oddress) d. STREET ADDRESS ON A FARM? and in any event, within 72 2913 SILVER HILL AVENUE NO X NAME OF **TEANETTE** First Middle DATE Year DECEASED (Type or print) DEATH IF UNDER 1 YEAR 6. COLOR OR RACE AGE (In years 7. MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER 24 HRS 7 lost buthday) Months Doys Hours WIDOWED DIVORCED 100 LSJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT COUNTRY? during most of working life, even if retires AT HOME HOUSEWILE. LITHUANIA 13. FATHER'S NAM 14. MOTHER'S MAIDENLNAME burial, crematian, ar remaval, WOLF WEINBERG UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT CHALGROVE AVE (Yes, no or unknown) (If yes give wor or dotes of service) D IB CAUSE OF DEATH (Enter only one couse per inte for (gl (b), ond (c))
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO stoting the underlying couse be detached far use as the State Dept. af Health priar to 19 WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? 3 YES NO F certificate 200 ACC DENT WAS UNDER YING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of Item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJJRY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While at work 21. I certify that (I) (this haspital) attached the deceased from directar, page 3 shauld should be filed with the O FUNERAL DIRECTOR: 6 and that death accurred at 7:50 M, fram causes and on the date stated above saw the deceased alive an. 220 SIGNATURE 22b DATE SIGNED MED. DIRECTOR MD 22c PHYSICIAN'S 22d ADDRESS NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATOR 23d LOCATION (City or Town) 230 BJRIAL, CREMATION, (County) (State) REMOVAL (Specify) BALTIMORE, MARYLAND DHR KNESSETH ISRAEL ANSHE SFARD 11-28-67 250 REC D BY REGISTRAR 24 FUNERA DIRECTOR REISTERSTOWN VR A15 (4) 25M 1/67

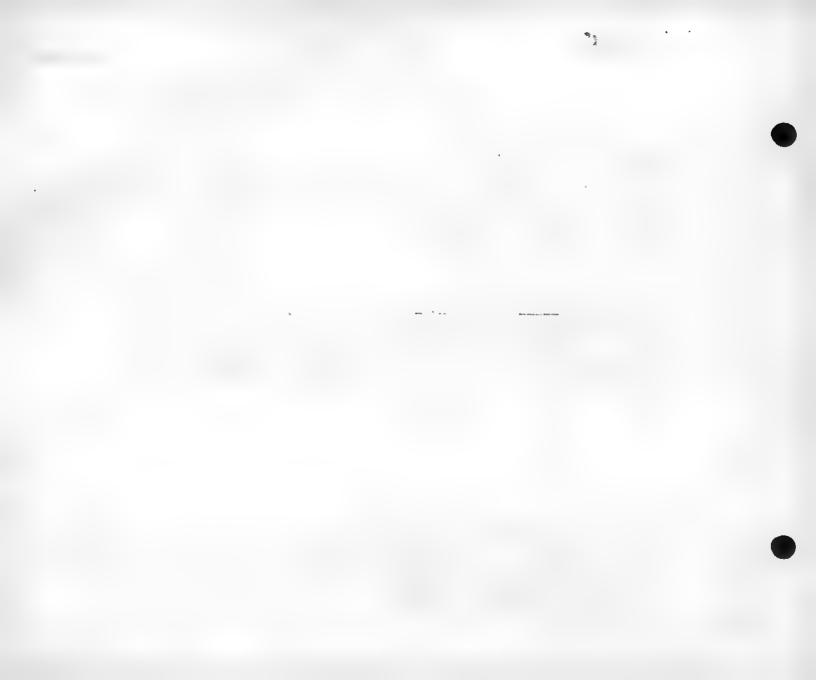


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 74543 CERTIFICATE OF DEATH 1 1948 The law remuires that the deoth certificate be executed within 24 hours ofter deoth. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY o STATE **B** COUNTY BALTIMORE after MARYLAND b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and a ve nearest town) WOODS DALE @ ATUNSVILLE d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENC Paper ON A FARM @ ATO NIVILLE WOODSDALE NO NAME OF Middle Day Year completely carbo DECEASED FISCHER JOSEPH NOV (Type or print) DEATH and in any event, S SEX 6. COLOR OR RACE B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF JINDER 24 HRS 7 MARRIED **NEVER MARRIED** last birthday) DIVORCED WIDOWED 15K puo 100 JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDLSTRY **COUNTRY?** attending physician sermit. Then please MD. MEATS 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME or removal, GOTTZIE3 FISCHER GERTRUDE 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, na, ar unknown) (If yes give war ar dates of service Tucker-710 Woodsla 2-16-09-0108 cremation, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) buriol-tronsit PART I DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO buriol. Conditions, if ony, which gave nse ta immediate couse (a), **DUE TO** stoting the underlying cause as the WAS AUTOPS PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) PERFORMED? NO TO 20g ACC DENT WAS UNDERLYING -20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) Hour a.m Nat While foctory, street, affice bldg., etc.) 19. 19. 62, ta Now 2D , 1967, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram. Oct. 19 67, and that death occurred at 2 M. fram causes and on the date stated above. saw the deceased alive an\_ 22o SIGNATURE 22b DATE SIGNED STAFF 11-21-67 DIRECTOR M D 22d. ADDRESS 22c PHYSICIAN'S FUNERAL NAME (Type) John A. Nesbitt. Jr. M.D. 1009 Frederick Road director, p 23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) REMOVAL (Speedy) 2 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE VR A15 (4) 25M 1/67



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14944 CERTIFICATE OF DEATH remuires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF OFATH o. SIATE Laryland b. COUNTY o. COUNTY Baltimore MARYLAND c CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (f outside corporate limits, C LENGTH OF STAY IN TO write RURAL and give nearest town) 7 Greenwood Avenue d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) St. Joseph Hospital Baltimore 21206 NO X 3 NAME OF Middle East DATE Manth Doy attending physician and campletely sermit. Then please remave carba TERESA FOLEY DEATH November (Type or print) MARY and in any event, IF UNDER 24 HRS AGE (In years IF UNDER B DATE OF BIRTH 6 COLOR OR RACE 7. MARRIEO NEVER MARRIED lost birthday) Months Haurs WIDOWED OIVORCED November 1,1908 Female White 10b. KIND OF BUSINESS OR 11, BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even w refired) Childrens Aid England 14 MOTHER'S MAIOEN NAME 13. FATHER'S NAME or removal. Cotherine Cunningham Thomas Bernard Foley IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates af service) Thomas J. Cramblitt 7 Greenwood Avenue 213-34-0031 No cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per me for (a), (b) and (c).) burial-transit ONSET AND GEATH PART I, DEATH WAS CAUSED BY Cardio-pulmonary failure signed by Metastatic carcinoma of the breast Conditions, if any, which gave rise to immediate couse (a). DUE TO stoting the underlying couse as the priar to l TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital attending TO FUNERAL DIRECTOR: After this certificate has been WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ed for use of Health p NO K 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF CEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form (City or town) (County) (State) 20c TIME OF INJURY Month, Ooy, Year Hour a.m. factory, street, affice bldg., etc.) Not While of wark 21. I certify that PF (this haspital) attended the deceased fram October 28, 19 67, to November 11 19 67, that PF (we) last saw the deceased alive an November 11 19 67, and that death accurred ap: 10a M, from causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE STAFF Carmer /11/1967 **OIRECTOR** 22d. ADDRESS 22c PHYSICIANS Benjamin del Carmen, M. D. NAME (Type) 7620 York Road, Towson 4, Md. director, p 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMAT ON, 23b DATE THEREOF (State) Bal to REMOVAL (Specify) Trumps Mill Rd Gardens of Faith Cem MA Nov 14 1967 ADORESS 2So REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL OIRECTOR THE DIPPEL BROSING THO BELAIR 20 M I

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14945 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. death funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o STATE Maryland **b** COUNTY Baltimore Baltimore MARYLAND b CITY OR TOWN (I outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and a ve nearest town) write RURAL and give nearest town)
Phoenix, Balto, Co. Phoenix, Baltimire Co. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? A STREET ADDRESS 19 Glenbrook Drive 19 Glenbrook Drive YES T NO Y WITHIN NAME OF 4 DATE remave carban Year DECEASED FORBES and in any event, (Type or print) JAMES DEATH Nov. IF LADER 1 YEAR S SEX 9 AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH lost birthdoy) Hours Months Dovs White Male April 20,1921 WIDOWED and IDe USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Baltimore, Md.
14. MOTHER'S MAIDEN NAME Selfremployeed Trailer Park Prop TISA 13. FATHER'S NAME ar remaval, James H. Forbes 2nd
15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give wor or dotes of service) Viola Bennett 17 INFORMANT 16. SOCIAL SECURITY NO. 220-05-8131 Mrs. Janet M. Forbes-19 Glenbrook Dr. cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Respiratory arrest IMMEDIATE CAUSE (o) DUE TO buriol, 9 months Malignant glioma Conditions, if any, which gove rise to immediate couse (a). DUE TO as been as the priartat stoting the underlying couse be retained by the hospital or attending lost. WAS ALTOPS! pgs PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? Health | NO. this certificate 20o ACCIDENT WAS UNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INTURY OCCURRED 2De PLACE OF INJURY (Home form (City or fown) (County) (Stote) 2Dc TIME OF INJURY Month, Doy, Year Hour 'o.m. factory, street, office bldg., etc.) of work FUNERAL DIRECTOR: After February 19 67 to Nov. 17 . 19 67 that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram\_\_\_ saw the deceased alive an Nov. 17 19 67, and that death accurred at 1: A.M. fram causes and an the date stated above. 220 SIGNATURE 22b DATE SIGNED ATTENDING PHYS. 11-20-67 PHYS DIRECTOR r, page 3 be filed 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Donald O. Wood M.D. York & Greenmeadow Rds. director, 23b DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY (Stote) (County) REMOVAL (Specify) Clynmalira Meth. Cem Baltimore 2 i more Co 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR Mitchell-Wiedefeld Home-6500 York Rd. 21212 DATE



, 1		MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH  4051	
e be executed within 24 hours affer geath. sician and som etery filled in by the funeral leass remove carbon papers. Pages 1 and 2 and in any event, within 72 hours after death.	ī	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before add a. STATE b. COUNTY b. COUNTY	mission)
A Saffer	-	b. CITY OR TOWN (if outside corporate limits, Arite RURAL and give nearest fown)  MARYLAND  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown)	t town)
hours rs. Pa	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS (e. IS RESI	DENCE
winn 24 etery fills arbon papel rt, within 72	_	2220 Westchesten Hvenue 2220 Westchester Ave YES	ARM?
marketer carbo	3	(Type or print) HERDERT M FOSTER DEATH NOV 24 196	57
executed	5	SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX   9. AGE (in years if UNDER 1 YEAR   FUNDER   1   1   1   1   1   1   1   1   1	24 HR\$. Min.
eath certificate be ex attenuing physician mermit. Then misasm re or, or removal, and in a	di di	Da USUAL DCCUPATION (Give kind of work done   10b. KIND OF BUSINESS DR   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT	
ficate phys en life	1	3. FATHER'S NAME 14, MOTHER'S MAIDEN NAME	
certii naling Tame	4	LAWRENCE DE LOSTER LAURA J. 11 Chman  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	Nue
death certificate be le atten≣ing p∏ysiciar ≣ermit. Tilen ∏eas≡ ion, or removal, and i		Yes, no. or unknown) (If yes give war or dates of service) 220 443368 Elizzbeth F Lehmann 2220 Westch	ester
the ( n. Ily the		18. CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  ONSET AND D  ONSET AND D  ONSET AND D	HTA3C
that ysicla gred ial-tre		DUE TO A. A. A. A. A.	
The law requires that the or attending physician. ate las been signed by the use as the burial-transit salth prior to burial, crema		Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO	
aw re tendii las bu as th prior	200	underlying cause last. (c)	TOPSY
The law or attencate las as a sealth prince.	LA ICATION	PARTII. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AU PERFORM YES 1	MED?
OR ATTENDING PHYSICIAN: The law requires that the death oberetained by the hospital or attending physician.  INTENTION After This merificate has been migned by the attenge 3 should be detached for use as the burial-tramsit mermit, ed with the State Dept. of Health prior to burial, cremation, or	CERTIF	203. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
HOSPITAL OR ATTENDING PHYSICIAN age 4 may be retained by the hospit FENERAL LIMETOR After This merti rector, page 3 should be detached fould be filed with the State Dept. of	MEDICAL	20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, Hour a.m., While p.m. 19   While at work   at work	tate)
ATTENDING retained by UTOE After should be	2	21. I certify that (I) (this hospital attended the deceased from the property of the state of the property of the state of	
ATTE retai UNTO 3 sho with t		saw the deceased alive on 1967, and that death occurred at M, from the causes and on the date stated	above.
		220. PHYSICIAN'S ANDRESS ATTENDING MED. STAFF DIRECTOR PHYS. DIREC	7_
O HOSPITAL Page 4 may FENERAL director, pa		NAME (Type) ( Executively, and.	
TO HOS Page direct Ahould	23	Burial, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town or county) (Star REMOVAL (Syecify) 11-25-67 DIVICIO (City) (Star REMOVAL (Syecify) 11-25-67 DIVICIO (City) (Star REMOVAL)	ite)
VR AL5 (4)	1	PUNERAL DIRECTOR  ADDRESS  ADDRESS  V25a. REC'D BY REGISTRAR' 25b. REGISTRAR'S SIGNATURE  REC'D BY REC'D BY REGISTRAR'S SIGNATURE  REC'D BY REC'D BY REGISTRAR'S SIGNATURE  REC'D BY REC'D BY REC'D BY REGISTRAR'S SIGNATURE  REC'D BY REC'D BY REC'D BY REGISTRAR'S SIGNATURE  REC'D BY REC'D BY REC'D BY REC'D BY REGISTRAR'S SIGNATURE  REC'D BY REC'D	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death, funeral 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY after Baltimore Maryland tille MARYLAND Pages b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b hours Baltimore 21212 vears Baltimore 21212 = Silled) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS Daber ON A FARMS within 12 St. Michael's Way 12 St. Michael's Way within letel W. carbon NAME OF Middle DATE Year DECEASED event, FFREY (Type or print) SCOTT 6-0C DEATH Compl November 3 19 67 6. CDLOR OR RACE and con DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months I Hours White any Male WIDOWED DIVORCED [ 13 Feb. 19. 1954 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Student

10b. KIND OF BUSINESS DR INDUSTRY
Schoo physician a 9 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. certificate be and School Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Гетоуа Patricia Murphy Charles Edward Foster 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address death 0.7 (Yes, no, or unkown) (If yes give war or dates of service) NONE---cremation. Patricia M. Foster. Same as # INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] requires that the led by th ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Virus chest infection been signed by the burial-transor to burial, cre IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. has pric CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY for use Health use PERFORMED? certificate Muscular dystrophy YES 208. ACCIDENT WAS UNDERLYING TO DEATH CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part || of Item 18.) detached f MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 200, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. Not While After While at work at work 1954 to Nov. 19 67 that (I) (we) last retained Feb. 19  $\overline{\phantom{a}}$ 21. I certify that (i) (this hospital) attended the deceased from DIRECTOR: age 3 should iled with the 19 67 and that death occurred at 3:00% from the causes and on the date stated above. saw the deceased alive on Nov. SICNATURE 22b. DATE SIGNED 22a. pe MED. STAFF PHYS. page Nov. 4, 1967 M.D. Тау HOSPITAL TO FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S director, p NAME (Type) 2431 Maryland Ave., Baltimore, Md. E Ellsworth Cook, M.D. should BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Burial Nov.4, 1967 Dulanev Valley Cemetery Cockeysville, Maryland 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Wm. Cook-Brooks Towson, 1050 York Road Minules Judge VR A15 (4) Maryland 21204 DATE 2DM 1/65



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## CERTIFICATE OF DEATH

14953 Reg. Dist. No.

					Keg. Dim. tvo.	
1, P	ACE OF DEATH	MARYLAND	o. STATE	ere deceased lived. If institut b, COUNTY		e admission)
	Baltimore		Baryland			
Ь	CITY OR TOWN (If outside corporate limits, write c. LENGTH Of RURAL and give nearest town)	STAY IN 16	0.1.	outside corporete limits, write	RURAL and give near	lest fown)
	Baltimore		Baltimon	re		* 4,
d	NAME OF HOSPITAL (If not in hospital, give street address)		d. STREET ADDRESS		1	. IS RESIDENCE
	OR INSTITUTION ,,		201.1 (	r A .		ON A FARM? YES NO P
1	rmacost Nursing Home		3941 Greer	mount Ave.		
		Middle	Lost	4, DATE Ma	enth Day	Yeor
	rype or print) Howard Mitche	211.	Fourt	Difference in the second	vemben :	18 19 67
5. 5			B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS
	1 101	VORCED	Jan. 17, 187	70 lost highday)		Hours Min
	muce wille					F WHAT COUNTRY?
10a.	USUAL OCCUPATION [Give kind of work done lob. KIND OF BUSII during most of working life_pven if retired)	HESS OR INDUS	STRY   11 BIRTHPLACE (Stote	or foreign country)	IZ. CITIZEN O	F WHAT COUNTRY
Co	nstruction Supt (retired)		Marulai	nd.	U. S.	4.
<u> </u>	ATHER'S NAME		14 MOTHER'S MAIDEN I	NAME		
	C-1. T 1		M /	^ _ L		
_	Solomon Foutz			ook	dress	
IS.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURING OF Unknown) 1 (If yes, give wor or dolles of service)	TY NO   17. 1	NFORMANT		-	. 4
	no unknown		r. Charles A.	Foutz 3947	Greenmou	<u>nt Avenue</u>
	18. CAUSE OF DEATH   Enter only one couse per line for (a), (b), a	44			INTE	RVAL BETWEEN
П		-	in a switcher	river Lugge	ONS	ET AND DEATH
	IMMEDIATE CAUSE (0)	<u> </u>	is a raiov	1. Children L	- U - L	5 y <sub>1</sub> 3.
	7 d 1 . DUE TO					
	Conditions, if any, which ) (b)					
	gove rise to immediate   DUE TO					
Н	couse (o), storing the under-					
7	PART IF. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUIL	A LOT BELATED TO THE TERM	INAL DISEASE CONDITION C	IVEN IN PART I/A) 1	9 WAS AUTOPSY
CERTIFICATION	PART IE. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RECATED TO THE TERM	HAVE DISEASE COMMISSION O	TATIA HALVEL HOLE	LESS CHIMEDS
3						YES NO.
ZIE	200 ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW IN	JURY OCCURRE	D. (Enter nature of injury in	Port I or Part II of item 18.)		
ER	205 ACCIDENT WAS UNDERLYING II 20b. DESCRIBE HOW IN OR CONTRIBUTING II CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
N.		CD 200 PI	ACE OF INJURY (Home, for	n 201 (City or Journ)	(County)	(Stole)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCUR! Hour o. m. While Not while	1 4-	ctory, street, office bldg., et		(Contill)	(2.010)
ME	p. m. 19 ot work of work					
	21. I certify that I attended the deceased from A	ril	10 47 10 9	V. 13 10 0	7 that I last so	ow the deceased
	21. I certify that I attended the deceased from					
	olive on 1 0V + 1/2 , 19 3/ , one	I that death	occurred at 1:55	M, from the couses		le stated above.
	DO COV	//		ADDRESS (Street, city or low	n, stote)	22/1/
	DIGNATURE LIBERA C. Day	1147	MD. 30 32 31	v. Und van9 1	torr,	<u> </u>
	PHYSICIAN'S Lloyd E. Saylor, I.	. D.		11.1. 1 2.30.	11 (1)73	
				Lead appropriate the second		*****
220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME ( REMOVAL (Specify)	OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town	, or county)	(Stole)
	Burial 11/22/67 Loude	n Park	Cemetoni	Baltimore	Ma	
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS		240. REC	D BY REGISTRAR 245 REG	GISTRAR'S SIGNATUI	RE
	John A. Moran Inc. 3000 E. Br	11	O I DATE	IOV 2 1 1967	y Cleaning	Just .
	or the moracing stace your Called	170-17	· Ballitan Date		11	(1 . (6

TO HOINTAL OF ATTEMBING PHYRICIAN: The law requires that the death certificate be executed within 11 hours after death. Page 4 may be retained by the hospital or attending physicion.

D FUNERAL C COR. After this certificate has been signed by the attending physicion and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. TO FUNERAL D

the funeral director, 2 should be filled with

VS A15 (4) 15M 9/55



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14948 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission.) PLACE OF DEATH a COUNTY a. STATE **b** COUNTY MARYLAND c LENGTH OF STAY IN 16 b CITY OR TOWN (If autside carparate limits, c CITY OR TOWN (If autside corporate fimits, write RURAL and give nearest town) write RURA, and give nearest town) Tilledin e IS RESIDENC d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS an naper Within 72 ON A FARM? 2621 Linwood Road 262 inwood Road YES NO 🖂 Middle NAME OF DATE First Lost Month Year physician and campletely OF **DECEASED** 28 the attending physician and campierer treno Nov. 6 dna E 19 (Type or print DEATH ■r removal, and in any event, F UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** birthdoy) Months Days Hours WIDOWED DIVORCED 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done during most of working I te, even if retired) **COUNTRY?** INDUSTRY ambridge, Maryland 13. FATHER'S NAME 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address burial-transit permit. (Yes, no, ar unknown) ((if yes give wor or dates at service) Michael A. same No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per lim) for (o), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the haspital ar attending physician. Conditions, if any, which gave nse ta immediate couse (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been use as the of Health priar to WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO detached far 205 DESCRIBE HOW INJURY OCCURRED (Enfer nature of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING (AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) TIME OF INJURY Manth, Doy, Year factory, street, office bldg , etc.) Nat While 19 ot work shauld be 21. I certify that (1) (this height a) attended the deceased from March 14, 1944, to saw the deceased glive an Nov. 27 1967, and that death accurred at 6:50 f. M. , 1967, that (1) (See) last poge 3 shauld be filed with the and that death accurred at 6:50 AM, fram causes and an the date stated above saw the deceased alive an\_ 220 STGNATURE DATE SIGNED DIRECTOR M.D. 22d. ADDRESS 22€ PHYSICIAN" NAME (Type) director, shauld by 23c NAME OF CEMETERY OR CREMATORY 23o BURIAL CREMATION 23b DATE THEREOF 236 LOCATION (City or Town) (County) Baltimore, REMOVAL (Specify) Parkwood emeteru REC'D BY REGISTRAR NOV 2 9 1 2Sb REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Ruck, Inc Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It Institution; Residence before admission) a. COUNTY b. COUNTY Baltimore Mary and MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENCTH OF STAY IN 1b write RURAL and give nearest town) 24 hours Baltimore 3yrs; 9mos Pikesville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? 6011 Pimlico Rd. House. Professional No X YES within withi etely carbon NAME OF Middle DATE Month Day DECEASED 19 67 comple (Type or print) Fannie M. W. Friedman DEATH Nov. executed 5. SEX 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 7. MARRIED DATE OF BIRTH remove NEVER MARRIED last birthday) Months ! and 9 **FEMALE** WIDOWED T DIVORCED [ 10a, USUAL OCCUPATION (Give kind of work done i 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? HOUSEWIFE AT HOME U.S.A. 13. FATHER'S NAME MOTHER'S MAIDEN NAME David Wiesenfeld Metzger SARAH 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. permit. 10 (Yes, no, or unkown) | (If yes give war or dates of service) MR. STANFORD ROTHSCHILD JR NO cremation. CAUSE DF DEATH [ Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN reguires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed burial-t DUE TO Conditions, If any, which gave rise to Immediate the DUE TO cause (a), stating the underlying cause last. 83 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. CAT The PERFORMED? certificate hospital or NO F YES 0 PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 195 0, to 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the and that death occurred at  $6 \, \text{M}$ . M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. HOSPITAL director, p FUNERAL PHYSICIAN'S 22d. ADDRESS rbert Gundersheimer Balto. Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) (Specify) 11-26-67 BALTIMORE HEBREW BALTIMORE. MARYLAND FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE BROS.INC., 6010 REISTERSTOWN ROAD VR A15 (4) 20M 1/65



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 201 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN'III outside corporate limits, write RURAL and give neerest town) Wirte RURALlend give neapest fown) PITAL OR INSTITUTION (if not in hospite), give street address! IS RES DENCE ON A FARM? YES INO IN 3. NAME OF Midda DECEASED (Type or print) DEATH 196 7 IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years UF UNDER 1 YEAR) last birthday) WIDOWED X DIVORCED 40a. USJAL OCCUPATION (Give kind of work [County & State, or foreign country] 10b. KIND OF BUSINESS OR INDUSTRY most of working ufe, even it 13. FATHER'S NAME 14. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unkown) (If yes give we ror dates of service) 18. CAUSE OF DEATH |Enter only one cause per line for (a) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) Conditions, if any, which geve rise to immediate cause **DUE TO** (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO PERFORMEDI Interiosclerotic Heart Disease 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of tem 18.) 20c. TIME OF NJJRY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) factory, straet, office bldg., etc.) Hour em While Not While at work at work 21 1 certify that (I) (this hospital) attended the deceased from 1/-3-1962 to 1/-6-, 1962, that (I) (we) last 22e, S GNATURE PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY 23a, BUR AL, CREMATION, 23b. REMOVAL (Specify) S g d d JUNERAL DIRECTOR'S SIGNATURE VR A1S (4) 15M 7/61

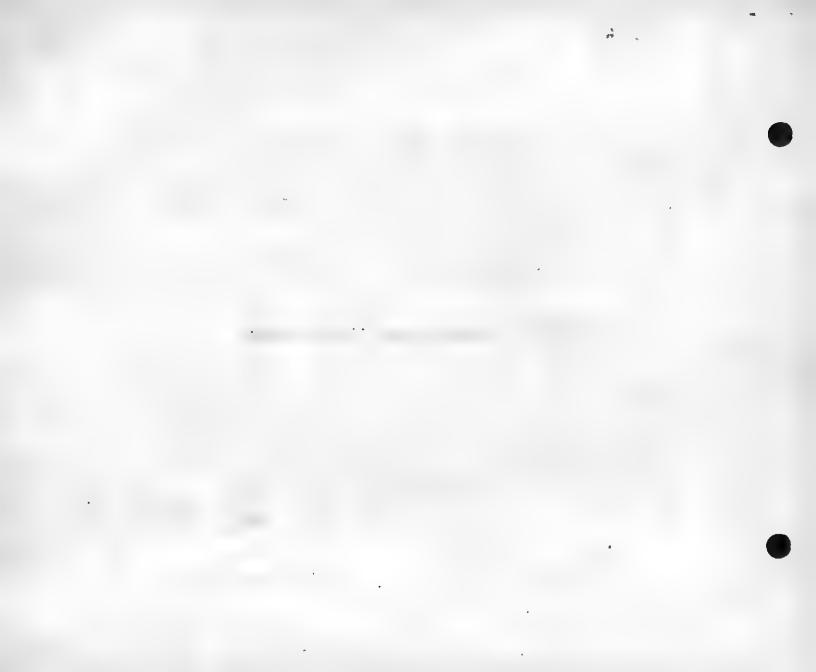


. 1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
it		14952 CERTIFICATE OF DEATH
	after death. the funeral ges 1 and 2 after death.	1. PLACE OF OEATH
	the fu	a. COUNTY Ballimore MARYLAND B. STATE Mel b. COUNTY Carroll,
	- C (7)	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town)
	Hours F.S. Ed.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENT
	2 章 3 4	C. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  O. STREET ADDRESS  O. STREET ADDRESS  O. IS RESIDENT ON A FARM? YES \( \sum \) NO.
	ithin bon with	3. NAME OF First Middle Last 14 DATE Month Day Year
	d wi mple carl ent,	(Type or print) Geolige 4 GELLLOIL 32 DEATH / OU, 2 1967
	executed within and completely remove carbon any event, with	Male Wilowed Divorced Jan. 31 1880 Styres Months Days Hours Min
	be e ician sase r	102. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  102. USUAL OCCUPATION (Give kind of work done industry)  11. BIRTHPLACE (County & state, or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	icate phys n plo val, a	13. FATHER'S NAME
	ertif ding The emo	Herge A. Nallion and Bushy
	nth c	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unknown) (If yes give war or dates of service)
	dea the a per per	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
	aw requires that the death certificate be tending physician. The stending physician as been signed by the attending physician as the burial-transit permit. Then please prior to burial, cremation, or removal, and it	PART I. DEATH WAS CAUSED BY: Uremia Under IMMEDIATE CAUSE (a)
	hysic hysic signe prial- prial-	Conditions, If any, which ) (b) Adenocarcinoma sigmoid colon 3 months
	equiring plans been to be	gave rise to immediate (cause (a), stating the DUE TO
	aw ratend tend tas t as t prior	underlying cause last. (c)
	The 1 or at cate truse ruse lealth	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS: PERFORMED? YES NO  2Da. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)
	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Presquid be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 22 badr	2DA. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)  GREATH CONTRIBUTING ☐ CAUSE OF DEATH  GREATH CONTRIBUTING
	the h the h this detac	20c. TIME OF INJURY Month, Day, Year Phour a.m. 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  While at work at work at work
	ING d by After Staf	
	ATTENDIN retained the CTOR: After the Study th	21. I certify that (I) (this hospital) attended the deceased from October 9, 1967, to Nov. 27, 687, that (I) (we) la saw the deceased alive on Nov. 20 1967, and that death occurred at 3A.M. from the causes and on the date stated above
	R AT e ret 3 Si with	22a. SIGNATURE 22b. DATE SIGNED
	AL OR ay be L DIRI page (	M.D. PHYS. DIRECTOR PHYS.   11-27-67
	HOSPITAL age 4 may FUNERAL rector, pa	NAME (Type) Martin E. Strobel, M.D. 59 Hanover Rd. Reisterstown, Md.
	Page (	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State)
		24. FUNERAL DIRECTOR ADDRESS 25A REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	VR AIS (4)	Deller H. Haight Chypisville, MorareNOV 30 1967 phones Judge
	7, 4-	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. 2. USUAL RESIDENCE (Where deceased fived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY (). o. STATE o. COUNTY MARYIAND BALTIMORE MARYLAND requires that the death certificate be executed within 24 hours often E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)
FORT HOWARD BALTIMORE 28 DAYS completely filled in by e 15 RESIDENC corbon popers. d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARMS NO K VETERANS ADMINISTRATION HOSPITAL 712 REGESTER AVENUE 4 DATE Month Year NAME OF OF DECEASED NOVEMBER 19 67 6. GTFFORD ALEXANDER DEATH Type of pnnt) F UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH AGE ( n years X S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 72 last birthdoy) remave 10/27/95 WIDOWED DIVORCED by the ottending physicion and ca transit permit. Then please remar cremation, ar removal, and in any MALE WHITE 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fore gn country) 10b, KIND OF BUSINESS OR 10o, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? NEWSPAPER GREENFIELD, MASS. REPORTER 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME SARA PARSONS RAIPH GIFFORD 17. INFORMANT Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. CLINICAL RECORDS. VAH. FT. HOWARD. MD. 212 07 79 31 YES INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) signed by the burial-transit p burial, cremati THE AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) ARTERIOSCIEROTIC HEART DISEASE ottending physicion. 4200 mmn PERICARDIAL EFFUSION, HEMORRHAGIC Unknown Conditions if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse as the priar to 1 has been 19 WAS AUTOPSY PERFORMED? YES X NO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) use Dept. of Health Page 4 may be retained by the hospital or 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18) 20o ACCIDENT WAS JNDERLYING [ ű. OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form 20f (City or town) (County) (Stote) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While Hour o.m. While of work of work to\_NOV\_ 167 , that (1k (we) last 2) I certify that (this haspital) attended the deceased fram OCT 9 and that death accurred a5:50A M, from causes and an the date stated above. filed with the DIRECTOR: saw the deceased alive an 22b. DATE SIGNED 22n SIGNATURE 11/6/67 M.D DIRECTOR PHYS. director, page should be filed 22d. ADDRESS 22c PHYSICIAN S FUNERAL VA Hospital, Fort Howard, Md. TOHN D. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION. 23b. DATE THEREOF BAITIMORE, MARYLAND HATTO. NATIONAL CEMETERY 0 2Sb REGISTRAR'S SIGNATURE RAVEN BLVD. 2So. RECD BY REGISTRAR 24 FUNERAL DIRECTOR Ocharles & VR A15 (4) 25M 1/67 DATA OV 9 Wm. E. JOHNSON

-1		MARYLAND STATE DEPARTMENT OF HEALTH  # # DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
2 - 3		CERTIFICATE OF DEATH
er death.  I and 2  er death.	1.	PLACE OF DEATH  a. COUNTY  BALTIMORE  MARYLANO  2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)  b. COUNTY  MARYLANO
24 hours after fifted in 12 hours after filed in 12 hours after		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	3.	NAME OF DECEASED (Type or print)  SEX   6, COLOR OR RACE   7 ANAPOLEO FOR NAME   19. AGE (In years   IFUNDER 1 YEAR   IFUNDER
cate be execut "ysician amd c n please remove ral, and in any e	10a dur	NALE WHITE WIDOWED DIVORGED 9/25/95 last birthday) Months Days Hours Min.  USUAL OCCUPATION (Give kind of workdone) 10b. KIND OF BUSINESS OR INDUSTRY  ON A STANDARY OF STANDA
certificate	13,	FATHER'S NAME  JOSEPH GITOMER  WAS DECEASED EVER IN U.S. ARMED FORCES?   16, SOCIAL SECURITY NO.   17. INFORMANT  LAUDEUT AGGRESSON OF A DECEASED.
at the death colar.  Identify the attention of the control of the	(Ye	18. CAUSE OF DEATH LEnter only one cause per line for (a), (b), and (c). 1  PART I. DEATH WAS CAUSED BY:  ONE APTS.  HAMPSHIRE HOUSE APTS.  HRS. DORA GITOMEP. 6001 PARK HEIGHTS AVE. #15  INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
requires the ding physic physic the sugner the burial or to burial.	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)  PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 119. WAS AUTOPSY
PHYSICIAN: The faw the hospital or atten r this certificate has defacted for use as te Dept. of Health price	CERTIFICATION	203. ACCIDENT WAS UNDERLYING OF DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ING PHYSI I by the h lifer this be detacl State Dep	MIIDICAL	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 40c. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) p.m. 19 At work at work 19 at work 1
L OR ATTEND by be retainer DIRECTOR: 4 age 3 should		21. I certify that (I) (this hospital) attended the deceased from
	238	BURTA: BETH TFILOH BALTIMORE, MARYLAND
VR A15 (4) 15M 4-64	24 S ()	NOVO 1007 OFF. I. D.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 14955 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH deo b COUNTY Balt. Balt imore , Maryland o. COUNTY MARYLAND The law requires that the death certificate be executed within 24 hours after c. LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits c. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)

Baltimore 1 mos . 6 days write RURH and twe negrest Tyre. Md. d NAME OF HOSPITAL OR INSTITUTION (finat in haspita, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Spring Grove State Hosp. 1716 Glenkeith Blvd. Balt.Md 3 NAME OF Middle Lost 4. DATE First. November 26, Clay DECEASED (Type or print) Henry Glover DEATH 9. AGE (In years last birthday) 91 yrs s semmale 67 FOLGREOR RACE 7. MARRIED βq NEVER MARRIED DATE OF BIRTH 2-9-76 Manths Dovs Hours WIDOWED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Baltimore, md. TTCQBNIRY? INDUSTRY none Herdwere 14. MOTHER'S MAIDEN NAME PROPERTY MARKET MARKET THUMBLETT 13. FATHER'S NAME mokenowa Wm. H. Glover 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates of service) Catonsvelle 175-09-6454 Spring Grove Records 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ) INTERVAL BETWEEN burnal-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cardiac Arrest IMMEDIATE CAUSE (o) \_ DUE TO Myocardian Infarction Canditions, if any, which gave Page 4 may be retained by the hospital un was been significated by the process of the partition of the principle of the prior to but the page 3 should be detached for use as the but the page 3 should be detached for use as the but the page 3 should be detached for use as the but the page 3 should be detached for use as the but the page 3 should be detached for use as the but the page 3 should be detached for use as the but the page 3 should be detached for use as the but the page 3 should be detached for use as the but the page 3 should be detached for use as the page 3 should be detached for use as the page 3 should be detached for use as the page 3 should be detached for use as the page 3 should be detached for use as the page 3 should be detached for use as the page 3 should be detached for use as the page 3 should be detached for use as the page 3 should be detached for use as the page 3 should be detached for use as the page 3 should be detached for use as the page 3 should be detached for use as the page 3 should be detached for use as the page 3 should be detached for use as the page 3 should be detached for use as the page 3 should be detached for use as the page 3 should be detached for use as the page 3 should be detached for use as the page 3 should be detached for use as the page 3 should be detached for use 3 should be 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be 3 should be 3 should be 3 should be 4 should rise to immediate cause (o), **DUE TO** stating the underlying cause (heart disease) Gererelized artierisclerotic PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 2 YES NO [ 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) 20o. ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED foctory, street, office bldg., etc.) Not While of wark 9 1670 11-26 , 19 67, that (I) (we) last 12 M, from causes and on the dote stated above. 21. I certify that (I) (this hospital) attended the deceased from 10-20 sow the deceased glive on 11-20 19-67, and that death acc 19.67, that (I) (we) last , and that deoth occurred at sow the deceosed olive on\_ 22b. DATE SIGNED 22a, SIGNATURE STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Felipe Evelio A. NAME (Type) Spring Grove State Hosp. 23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Burial Loudon Park Baltimore, Maryland STRAR 1 25b. REG. STRAR'S SIGNATURE 11-29-67 ADDRESS 24. FUNERAL DIRECTOR Michaeles Judge Wm.E. Johnson 8521 Loch Raven Blvd. 21204 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14955 14561 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased wed, if institution Residence before admission) o COUNTY Poge 0.1 ÷ MARYLAND delay CLENGTH OF STAY IN Th carparate in is write RURAL and give nearest town) ond P.M.3. 21081 e IS RESIDENCI NSTITUNION (If not in haspital, give-street address) d STREET ON A FARM? d'pending 'n penal in Item 18 Give Pages Chief Medicol Exominer's Off ce olong with for NO Sec This cert ficate should be executed within 24 hours ofter death. 3 NAME OF DATE Middle Month Day DECEASED OF Type or print) DEATH 1967 pages lond 2 with 7 MARR ED NEVER MARR ED AGE (In years F UNDER 1 YEAR IF LADER 24 HRS Months birthdoy) urial-tronsit permit. File pages 1 and 2 v ony event within 72 hours after death WIDOWED. D VORCED 10a USUAL OCCUPATION (Give xind of work done 10b KIND OF BUSINESS OR (State or fareign country) 12 C TIZEN OF WHAT during most of warking life, even if retired) INDUSTRY COUNTRY ? Printer Selfenployed Baltimore, Maryland II.S.A. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN S ARMED FORCES? (Yes, ng ar unknawn) (If yes give war or dates af service 16. SOC AL SECUR TY NO 17 INFORMANT 21.087 212-05-9 No Goeb Chervl Avenue Kingsville 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), INTERVAL BETWEEN and (c) **burial-transit** PART I DEATH WAS CAUSED BY Cardes ONSET AND DEAT IMMEDIATE CAUSE (a writing the ward DUE TO Conditions, if any, which gave (b) forworded to rise to immediate cause (a). Ξ **DUE TO** stoting the underlying couse lost. be used removol, 19 WAS A JTOPS Y PERFORMED? PART II OTHER SIGNE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) please execute the certificate, NO should be 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of njury in Part 1 or Part 1 of tem 18.) 3 should cremotion, or PRIMARY I or CONTRIBUTING I EXAMINER: CAUSE OF DEATH MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY Month, Day, Year 20f (City ar town) (County) (State) Hour a.m. factory, street, office bldg., etc.) While Nat While FUNERAL DIRECTOR: Page for your at wark 21. I certify that I tack charge of the remains described above, held an Autapsy Inspection Inquiry and in my aphian funeral director. death resulted from Natural causes 4 Suicide Accident Undetermined manner Hamicide be retained CHIEF MEDICAL EXAMINER ACTUAL TO FUNERAL DI 22. DATE SIGNED ASSISTANT MEDICAL EXAM, NER SIGNATURE TO DEPUTY necessary, DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town or county) 23a BURIAL CREMATIC NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) air Memorial Cemetery Md. Har ford hiria Air 24 FUNERAL D RECTOR RECD BY REGISTRAR 25b REG STRAR'S SIGNATUR VR A15ME (5) DATE DE 6M 1/67



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

VR A15 (4) 25M 1/67

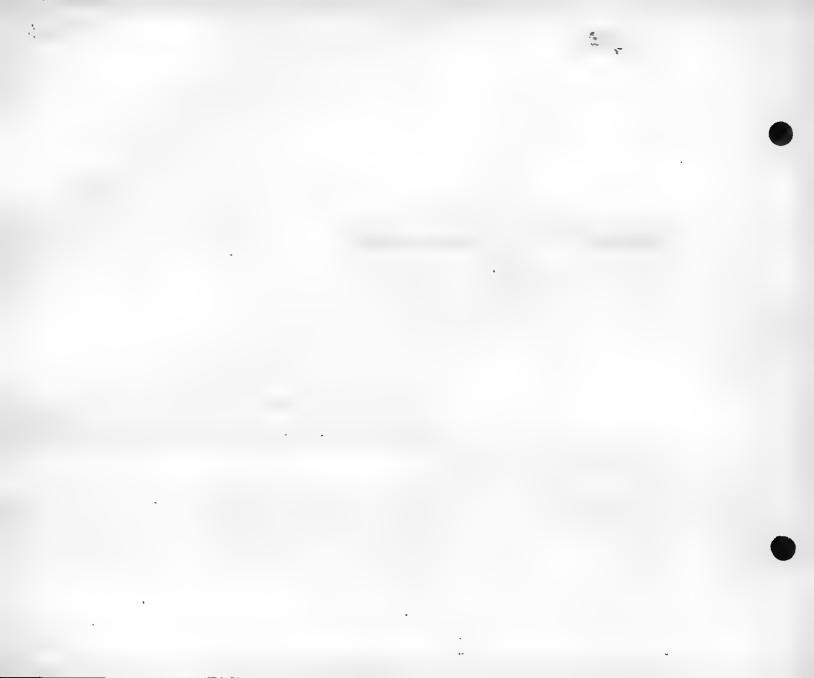
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	LACE OF DEATH					2. USUAL RESIDENCE (	Where deceosed lived, (	finstitution Resid	dence before odm ssion)
0	. COUNTY	.7.63		MARYU	LMB	o. STATE		b. COUNTY	- 1
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	write RURAL on	d give neorest town)	1					WINE KOKKE ONG S	give neovest town)
_	Catons			yr. 9 mo	. 19	ays Baltim	ore		If DEC DEALES
d	, NAME OF HUSPI	AL OR INSTITUTION (If not	in hospitol, givi	e street oddress;		d STREET ADDRESS			e IS RES DENCE ON A FARM?
	SPRING (	ROVE STATE	HOSPITA	L		784 West	Hamburg S	treet.	YES NO
	IAME OF DECEASED	Firs	1	Middle		LOSÍ	4. DATE	Month	Doy Year
	Type or print)	George	3	H.	Ge	petze	DEATH MOV	ember	72. 19 67
5 5	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		8 DATE OF BIRTH	9 AGE (In	yeors IF UND	ER 1 YEAR   IF UNDER 24 H
	Male	White	WIDOWED X	DIVORCED		5/16/75	lost birt	thdoy) Months	s Days Hours M
0a	LISUAL OCCUPATION	(Give kind of work done		OF BUSINESS OR			& Stote, or foreign count	(v) 12	CIT ZEN OF WHAT
durir	ng most of working	life, even if retired)	INDU	STRY		Maryl	-		COUNTRY?
	FATHER'S NAME	IOWII				14. MOTHER'S MAIDEN			U.S.
		Louis Goet	Z			Georgia		own)	
15.	WAS DECEASED EVI	R IN U.S. ARMED FORCES?	16. 50	CIAL SECURITY NO.	17. 1	NFORMANT		Address	
(1es	, no, or unknown)	(If yes give wor or dotes of	217.	-16-7786-1	Rec	cords: SPR	ING GROVE S	STATE HO	SPTTAT.
Т	18 CAUSE OF D	EATH (Enter only one cous			-			72222	INTERVAL BETWEEN
- [	PART I DEA	TH WAS CAUSED BY	Bi l	ateral br	onch	opneumonia			ONSET AND DEATH
- 1	491X	IMMEDIATE CAUSE (	*						
-1	Conditions, if ony	which cours							
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- 1	stating the unde	riving couse							
ŀ			()	DEATH DAIT MAY BELL	ren vo 1	THE TERMINAL PROCESS OF	Marion ontra in and		19 WAS ALTOPSY
CERTIFICAT.ON	PART II. OTHER S	GNIFICANT CONDITIONS <u>CO</u>	NIKIRALING IG	DEATH BUT NOT KELAT	IED IU	THE TERMINAL DISEASE CO	NDITION GIVEN IN PAK	1(0)	PERFORMED?
Ĕľ	20o ACC DENT WA		20b DESCR	RIBE HOW INJURY OCC	URRED	(Enter noture of injury in	Port I or Port II of item	n 18)	
¥		CAUSE OF DEATH MEDICAL EXAMINER)							
MEDICAL	20c TIME OF INJ	JRY Month, Dov. Year	20d INJU	RY OCCURRED 2		CE OF INJURY (Home, for		town) (	County) (State
월	Hour 'o.	n. 19	While of work	Not While of work		ory, street, office bldg., etc.	)		
	21. 1 certi	fy that (1) (this hasp	ital) attende	d the deceased fr	ram 2	2/5/58	19, to1	/12 , 19	9.67, that (M (we)
	saw the d	eceased alive an	11/12	19 <u>67,</u> ar	id thgi	death accurred at	10: 1190, from a	auses and an	the date stated ab
ľ	220 SIGNATURE	Thereton	-th	laure y		ATTENDING	MED STA	22b.	DATE SIGNED 11-13-67
-	22c. PHYSICIAN'S	CHUCHUS.	77/1		m	22d ADDRESS	pring Grov		
-	NAME (Type	Anthony	J. Your	ng, M.D,			Baltimore.		A
23o	BURIAL, CREMATIO	ON, 23b DATE THEF	REDE	23c. NAME OF CEMETI	FRY OR		23d LOCATION (C		(County) (State)
100	BUTY LSPecify	11-15-		Glen Haver				rnie, Md	, ,
24.	FUNERAL DIRECTO	D		ADDRESS		250 PEC	D RV DECISTRAD	2Sb REGISTRAR	
Jm	. Cook-B	rooks,Inc.,	1217 St	. Paul St	. Ba	Ito., Md. MI	OV 1 6 196		was Judge
		,,				DAIL IN	DA TU INCH	P	THE STATE OF THE



man de la como	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	AND
. 7	CERTIFICATE OF DEATH	3
death. funeral and 2 death.	1. PLACE OF DEATH	before admission?
r de	a. STATE Description of the state of the sta	SCIOIC WILLIAMS
after the f ges 1 after	b. CiTY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  MARYLAND  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	nearest town)
3 2 S	write RURAL and give nearest town)  Towson  Autopublic Porting	1.175
id in 2 hour		IS RESIDENCE
thin 24 hours.	Greater Baltimore Medical Center Oakland Mills Rk y	ON A FARM?
executed within and completely remove carbook	3. NAME OF DECEASED First Middle Last 4. DATE Month Day	Year
\$ 200	(Type or print) Hilda Gordon DEATH	19 67
executer and con remove	Isst birthday) Months Days	Hours   Min.
execular and and remove any any	Female White WIDOWED DIVORCED 8/17/02 65 yrs. 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN O	E WHAT
be cian ase nd il	during most of working life, even if retired)   NDUSTRY	C.
hysi ale	13. FATHER'S NAME 12 FILL'ISL'ILG - 4 MOTHER'S MAIDEN NAME 14.	9 00
e death certificate be e the attending physician of t permit. Then please re ation, or removal, and in	Francis Ton Manning Transfer	
Ter Ter	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Addréss	
ath catten	(Yes, no, or unkown) (If yes give war or dates of service)	
uires that the death g physician. en signed by the att burial-transit perm o burial, cremation,	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	VAL BETWEEN T AND DEATH
- × × E	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Confluent broncho-pneumonia	T AND DEATH
that sicia sned al-tra	PUE TO	
phys sig	Conditions, if any, which \ fb1	
required ding postering the properties of the pr	gave rise to Immediate ( cause (a), stating the DUE TO	
	underlying cause last. (c)	
N: The la tal or att inficate h for use	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	WAS AUTOPSY PERFORMED?
al or uffication wheal	Pathological fracture left leg - Carcinoma of thyroid (by history) YES 20a. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 10 of Item 18.)	NO [
NYSICIAN: The law the hospital or attenthis certificate has detached for use as it Dept. of Health price	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  Pathological fracture left leg — Carcinoma of thyroid (by history)  YES  OA. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)  (If EITHER, NOTIFY MEDICAL EXAMINER)	
ING PHYSICIAN d by the hospit After this certi be detached State Dept. of		(State)
y the y the sr thic deta	Hour a.m. While Not While factory, street, office bidg., etc.)	(0)
TTENDING PI Itained by th FOR. After t Should be de ith the State	p.m. 19   at work   at work   10/5   19/67, to 11/6   19/67, the	et (I) (wa) fact
ATTENDI retained CTOR: A should vith the S	saw the deceased alive on 11/6 19 67, and that death occurred at 2:20 M, from the causes and on the date	
reta retro 3 sh with	22a. SIGNATURE 2.m. 22b. DATE SIGN	
y be DIRE	M.D. ATTENDING MED. STAFF PHYS. 11/6	/67
PITAL 4 may EERAL Cor, page 1 be fill	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS	
HOSPITAL OR ATTENDI Page 4 may be retained FUNERAL DIRECTOR: A director, page 3 should should be filed with the	Rudiger Breitenecker, MJD. 6701 N. Charles Street	404-4-1
TO HOSPITA Page 4 ms TO FUNERAL director, p	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) - REMOVAL (Specify) 11-8-67, Lalle My Man Cav.	nok (State)
8	29 FUNERAL DIRECTOR AUGUSTRAR 250. REGISTRAR 250. REGISTRAR SIGNA	TURE
VR A15 (4)	Louis Byers 8728 Liberty Rd DATNOV 8 1967 Phones &	edge
20M 1/65		

V



and in any event, within 72 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cremation, or remayal, Page 4 may be retained VR A15 (4) 25M 1/67

Dr. S.J. Venable Jr.

11/21,1967

23c NAME OF CEMETERY OR CREMATORY

New Cathedral Cemt.

23a. BURIAL, CREMATION,

last.

S SEX

REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR

ADDRESS Mitchell-Wiedefeld Home 6500 York Rd.

23b DATE THEREOF

Balto. Md. 21212

25g. REC'D BY REGISTRAR

23d LOCATION (City or Town)

25b. REGISTRAR'S SIGNATURE

(County)

Baltimore. Maryland



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14950 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH, DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) delay is and 3 to M3. Page a. COUNTY o. STATE **b.** COUNTY Baltimore MARYLAND b CITY OR TOWN (If outs de corparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 1b c CITY OR (UWN , I ourside corporate im ts, write RURAL and give nearest town) 2, c. None BALTIMORE Fullerton d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress) d > REE: AUDRESS e IS RESIDENCE ON A FARM? ttem 18. Give Pages 1, Office alang with form 1763 Homestead St. 8324 Belair Road YES NO S be executed within 24 haurs after death NAME OF First Middle 4 DATE 0 DECEASED 10 JOSEPH (Type or pnnt) GRANT DEATH RUGENE November 6. COLOR OR RACE AGE IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED K B. DATE OF BIRTH (In years lost burthday) Months Dovs Hours 3-7-1949 death. WIDOWED Colored Male 10o USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 B RTHPLACE (State or foreign cor + v) 12 CT ZEN OF WHAT during most of working life, even if retired)
LABORER after a COUNTRY? SAXE, VIRGINIA "pending" in pencil in lef Medical Examiner's 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME hours i mb MARY SCOTT JOSEPH GRANT IS WAS DECEASED EVER NUS ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dotes of service) NE 16. SOCIAL SECURITY NO 17 INFORMANT Address within The 228-72-7929 4961 Stiles St. Phil Mrs. Mary Scott 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN bevent Chief **burial-transit** PART I DEATH WAS CAUSED BY. ONSET AND DEATH Multiple traumatic injuries IMMEDIATE CAUSE (o) \_\_\_ ward This certificate shauld DUE TO OIL ₽ OL Conditions, if any, which gove the te, writing the farwarded to t nse to immediate couse (a), .S B-**DUE TO** stating the underlying couse and i WAS AUTOPSY PERFORMED? PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) remaval, NO T 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part II at item 1B.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. in auto 4 should crematian, or Subject apparently struck mailbox 20t (City or fown) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) (State) Hour o.m. foctory, street, office bldg, etc.) may be retained for yaur FUNERAL DIRECTOR: Page 6 7st work of work 7:07xx 11 11Street **Fullerton** Ralto 21. I certify that I taok charge of the remains described above, held an Autapsy Inspection , Inquiry .... and in my opinion Natural causes . Accident . the funeral d rectar. death resulted from: Suicide [ ] Hamicide 1 Undelerm ned manner CHIEF MEDICAL EXAMINER 5 may be reto TO FUNERAL DI Heafth priar t 22. DATE SIGNED ASSISTANT MED CAL EXAMINER X SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Edward F. Wilson, M.D. NAME (Type) Address (Street, city, town, or county) Novmeber 11 1967 23b DATE THEREOF 230 BURIAL (REMATION, 23c NAME OF CEMETERY OR CREMATORY 23d .OCATION (City or Town) (County) BURYEN PINEY GROVE CH. CHARLOTTE COURT HOUSEVA 11-16-67 CEM. 24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/67 MORTON & F.H. 1701 Laurens Street DANOV

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 14961 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 44766 CERTIFICATE OF DEATH haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY b COUNTY o STATE Baltimore Maryland Baltimore MARYLAND b CITY OR TOWN (If autside corporate I mits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 15 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) Towson d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? 245 Meadowvale Road 245 Meadowvale Road Dod NO TEX 3 NAME OF Middle lost 4 DATE Month Doy DECEASED Russell Nov. 18. Grau Sr. 10 67 (Type or print) event The law requires that the death certificate be executed S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS white lost birthdoy) Months male Sept. 8. 1896 WIDOWED 1Do USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT physician di nen please during most of working life, even it retired)
Office clerk INDUSTRY COUNTRYSA Phila. Penna. engineering 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal Frank S. Grau Laura Peters 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) ((If yes give you or dotes of service 73-05-0120-A Russell L. Grau Jr. 245 Meadowvale Rd. #4 burial, cremation, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO ARTERIO SCIEROTIC CARDOVASCULGA DISCOSE Conditions, if ony, which gove rise to immediate couse (a), **DUE TO** stoting the underlying couse WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART I(o) certificate has PERFORMED? NO 200 ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of tem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De PLACE OF INJURY (Home, form, 2Dc TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) (Stote) foctory, street, office bldg., etc.) 1966, to NOV 18, 1967, that (1) (we) last 21. I certify that (1) (this hespital) attended the deceased from director, page 3 should should be filed with the saw the deceased alive on Apple 8 1966, and that death occurred at 200 M, from causes and on the date stated above O FUNERAL DIRECTOR: 22o SIGNATURE 22b. DATE SIGNED STAFF PHYS 11-20-67 M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 7215 York Road - BALTIMON 40 Venable NAME (Type)

235 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23o BURIAL CREMATION 23d LOCAT ON (City or Town) (County) REMOVAL (Specify) Arlington National Arlington. Va. Burial 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR ADDRESS 25b REG STRAR'S SIGNATURE VR A15 (4) 25M 1/67 Mitchell-Wiedefeld Home 6500 York Road DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items #8 & 9 Film #6394.11215767 ph uneral 1 and 2 3r death, PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased inved, if institution: Residence before admission) o. COUNTY.. "Naryland **B. COUNTY** Baltimore MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
URLONSVILLE c CITY OR TOWN (if outside corparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 Bultimore d NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARMS and in any event, within 72 2915 Ed ewood Ave. filled House in the Pines - Fusting Ave. YES □ NO NAME OF Middle remaye carban 4 DATE lag. Month Dov Year DECEASED (Type or print) Lillian 57 Gregorius NOV . 4 19 DEATH SEX IF LINDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED B. DATE OF BIRTH AGE ( n years NEVER MARRIED lost burthdoy) Months Cauc. Mours vert. 2 WIDOWED DIVORCED and 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT physician ( ien please during most of working life, eyen if retired) INDUSTRY **COUNTRY?** HOA mary and Housewife 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remayal. Cathorine John Wood 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service V. INFORMANT Dorothy Blake 16. SOCIAL SECURITY NO Address permit. 22 Locust Drive - 21228 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN signed by the burial-transit p DNSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. **DUE TO** burial. Conditions, if any, which gove rise to immediate couse (a), DUF TO stoting the underlying couse as the priar tal fast. 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLE NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) has CERTIFICATION NO YES cert,ficate j 200 ACCIDENT WAS UNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port L of item 1B) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (C ty or town) (Vinuo)) (State) MED Hour to m. Not While factory, street, office bldg., etc.) OR ATTENDING of work of work 21. I certify that (1) (this hospital) attended the accessed fram 10-28, 1947, to 11-4 \_\_\_, 1962, that (I) (we) last 11-3-1967, and that death accurred at b.P. M. fram causes and an the date stated above O FUNERAL DIRECTOR: saw the deceased alive an 220. SIGNATURE 22b DATE SIGNED DIRECTOR M.D. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL Gallagher, Sr. 6209 Frederick Ave. NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMAT ON 23d LOCATION (City or Town) (County) (Stote) Fltimo e, Md. REMOVAL (Specify) Baltimore National Cem. uneral director witzke f. D. - 4101 Edmondson Ave. 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4)



14963

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14968

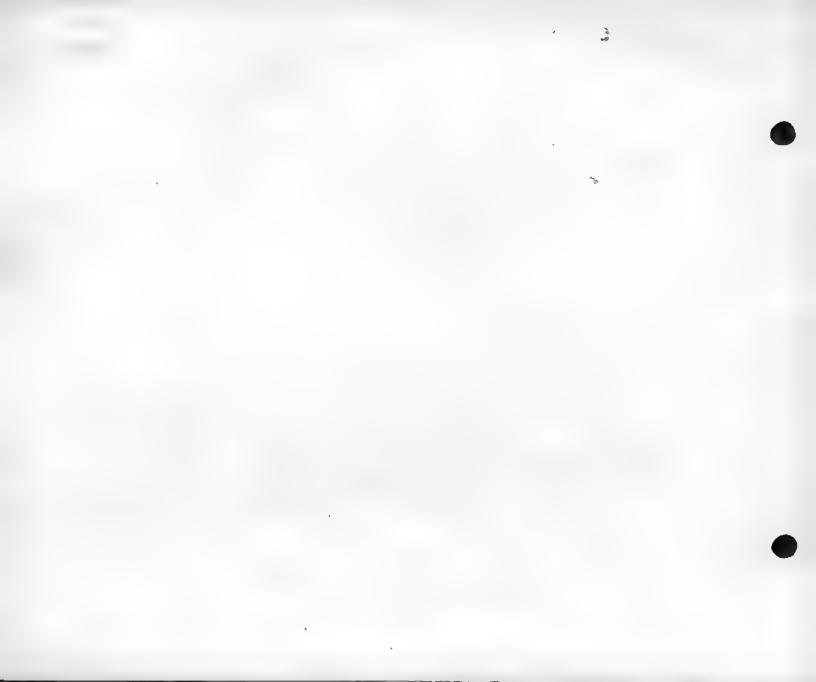
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Poge 4 may be re TO FUNERAL DIFFICATION director, page 3 should be filed w	=	- 1	A A	DATE THEREOF	Mahon		DI DD	200	E. Jopps					
Se E E	11		REMOVAL (Specify)	DATE THEREOF		NAME OF CEMETE	KY OR C	KEMATORY	23d LOCATION			(Caunty)	. '	ote)
5 5 5 W	1		BURIAL 111"	-18-67	N	EM CH.	the	TRAL CEM	BALT	MORI	E		yLAI	id
I A W	1		FUNERAL DIRECTOR			ADDRESS YOR		2So REC	OV 2 0 19	25b RE	GISTRAR'S S	IGNATURE	7	
VR A15 (4) 25M 1/67	1	(L)	m. Cook-Brook	s Towson	ING.	TOWSON.	Md.	21204 DATE IN	0 4 2 0 13	101	K MAN	CEO	no.	4.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14969 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) the tuneral PLACE OF DEATH a. COUNTY b. COUNTY Baltimore MARYLAND b CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If guitside corporate limits, write RURAL and give megrest town) write RURAL and give necrest town) Baltimore d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE Greater Baltimore Medical Center 308 S. Clinton St. YES 🗍 NO D law requires that the death certificate be executed within 3 NAME OF ERNEST Middle 4 DATE Manth N 1001 Year remave carban and campletely DECEASED J. GRONBLRG. JR. Nov. 16. 67 10 (Type or print) and in any event, S SEX 1E UNDER 1 YEAR IF LINDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED K DATE OF BIRTH AGE ( n years lost birthday) 7/21/1911 male white DIVORCED WIDOWED 10o. USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT physician a len please i during most of working life, even if retired) INDUSTRY COUNTRY? Smelter Foreman Glidden Co. Baltimore, Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar removal, Ernest J. Gronberg Anna Hoomess 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address 21234 (Yes, no, or unknown) (If yes give war ar dates af service) Dorthea Ev. sister, 2921 Putty Army www ves cremation, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN burial-transit PART DEATH WAS CAUSED BY SOPHOBEAL FROM IMMEDIATE CAUSE (a) signed by DUE TO burial, Conditions, if any, which gave LIVER rise to immediate couse (a), DUE TO stating the underlying cause by the hospital or attending as the prior tal has been last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health NO IN Page 4 may be retained by the hospital or of FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING [ 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH NONE (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg , etc.) Hour a.m. Not While NINE NUNE 19 at work 21 | certify that (1) (this haspital) attended the deceased fram 10 2 5 1967, ta 3 should with the \_, and that death accurred at 96N M, fram causes and an the date stated above saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED ATTENDING 8 M.D DIRECTOR PHYS. PHYS. director, page should be filed 22c. PHYSICIAN'S 22d. ADDRESS **Emmanuel** Schimunek NAME (Type) 342 S. East Avenue 23a BUR AL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify)
Burial 11/20/67 Baltimore Nat. Baltimore. 24 SUNERAL DIRECTOR ADDRESS Inc. 2Sa. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE

VR A15 (4) 20 M 1/66

3331 Brehms Lane

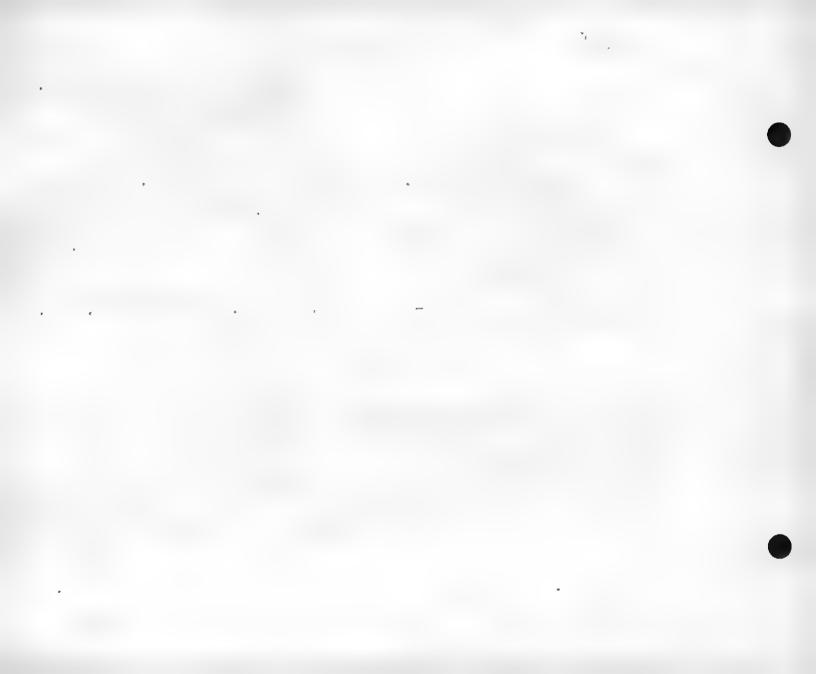


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours ofter deoth PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY Baltimore MARY, AND b CITY OR TOWN (If autside corparate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Garrison 25 days Baltimore 15.Nd. d STREET ADDRESS S RESIDENCE ON A FARM? Sub-dipd d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Foxleigh wursing Home 6714 Brighton Ave YES -NO T NAME OF Middle 4 DATE paul Day DECEASED OF Lillian event. (Type or print) McGree Grove DEATH compl S SEX IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** 8 DATE OF BIRTH remove lost birthdoy) Months Doys Hours ond in ony female. WIDOWED DIVORCED 100 USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY physicion Denver Colorado

14 MOTHER'S MAÎDEN NAME ursing aid leword Britaruk Bowel 13. FATHER'S NAME cremation, or removal, Philip C. Johnson unknowa IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address cimore 15, ra. (Yes, no, or unknown) If It yes give wor or dates of service 220-01-2531D Fir Donald W. Grove, 5714 Brighton ave 18. CAUSE OF DEATH (Enter only one cause per line forQo), (b), and (c).
PART I DEATH WAS CAUSED BY burnal-tronsit IMMEDIATE CAUSE (a) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physicion. DUE TO buriel, Canditians, if any, which gave nse ta immediate cause (a). DUE TO stating the underlying cause os the prior to last. has PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? Health NO this certificote 200 ACC DENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. Nat While at wark at wark 21. I certify that (I) (this hospital) attended the deceased from and that death accorred at . D TO FUNIRAL DIRECTOR: saw the deceased alive on M. from causes and on the date stated above 22a, SIGNATURE director, page 3 M.D DIRECTOR PHYS 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g BURIAL CREMATION. (State) REMOVAL (Specify) salvimore National Jemetery paltimore, Id. 24 FUNERAL DIRECTOR RECD BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 77.968 14971 CERTIFICATE OF DEATH death. deoth funerol l ond 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH Baltimore o. STATE b. COUNTY Baltimore Co. ofter ( MARYLAND OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after des b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 rural Baltimore rural Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCI ON A FARM? 3609 Sussex Road 3609 Sussex Road YES NO X and in ony event, within 4 DATE OF 3. NAME OF Middle Doy Year MYCAN 25 Dominick Gugliuzza 1967 J. DEATH Nov. (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9 AGE (In years S SEX 6 COLOR OR RACE NEVER MARRIED 7. MARRIED Months birthdoy) Dovs Hours April 11, 1897 White Male WIDOWED DIVORCED 12 CIT ZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) during most of werking life, even if retired) INDUSTRY Barber COUNTRY? physicion ( Sicily IL.S. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removol, Saverio Gugliuzza Carmella Fideli Addr3609 Sussex Road 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service Mrs. Minnie F. Gugliuzza Balto. 7 Md. burial, cremation, NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), signed by the burial-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse by the hospital or ottending os the prior to b lost. WAS AUTOPS PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART I(a) PdS NO After this certificate 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 1B) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF IN. JRY (Home, farm, 20f (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While of work of work 2]. I certify that (1) (this haspital) attended the deceased from 2-/10 1961 \_, that (I) (we) last 1/2 M, fram causes and an the date stated above. saw the deceased alive an 19.67, and that death accurred at O FUNERAL DIRECTOR: 22b DATE SIGNED 220 SIGNATURE M.D abad 22d ADDRESS 22c. PHYSICIAN'S director, po NAME (Type) Milton Schlenoff 6410 Windsor Mill Rd 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF 230 BUR AL, CREMATION, 11/28/67 New Cathedral Cemetery ery Baltimore Maryland
25a, REC'D BY REGISTRAR 25b, REG STRAK'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 25M 1/67 DATE NOV 1947



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14972 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, funstitution Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits. c LENGTH OF STAY IN 1b c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) ESSEX d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 115 GLIDER Give Poges NO Z 4 hours after death. the certificate, writing the word "pending" in pencil in Item 18. Give Pog 4 should be forwarded to the Chief Medical Exominer's Office olong with 3 NAME OF DECEASED Last 4 DATE OF DEATH JAMES NOL B DATE OF BIRTH 9 AGE (In years last birthday) IF UNDER I YEAR 5 SEX 6 COLOR OR RACE 7 MARRIED NOV 9 1922 DIVORCED WIDOWED 11 BIRTHPLACE (State or foreign country) 10a USUA, OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUS NESS OR 12 CITIZEN OF WHAT STEEL 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME BERTHA ZOLTAN 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, na, or unknown) (If yes give war or dates af service) 115 GLIDER MOLA NTERVAL BETWEEN ONSET AND DEATH 1B CAUSE OF DEATH (Enter only one couse per line for (b), (b), and (c)) PART 1 DEATH WAS CAUSED BY LARCINOMA IMMED ATE CAUSE (a) DUE TO 11mus Liver ite My trastrasis Conditions, if any, which gove ) rise to immediate cause (a), DUE TO stoting the underlying cause FUNERAL DIRECTOR: Page 3 should be used PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO JHE TERMINAL DISEASE CONDITION GIVEN IN PART (o) 19 WAS AUTOPSY PERFORMED? 20d EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CURRED (Enter hature of mury in Part I or Part II of item 1B. CAUSE OF DEATH 20c TIME OF NURY Month, Day, Year 20e PLACE OF NJURY (Home, form 20f (City or lown) Haur a.m. factory, street, affice bldg . etc.) at wark nspection 1 21. I certify that I taok charge of the remons described above, held an Autapsy Inquiry 2 ond in my opinion death resulted from Natural causes 12. Accident Suicide . Homicide . Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 100 M O Kdash wed as Romer county NAME (Type) 23a. BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify)

24. FUNERAL DIRECTOR BALTO. NOV. 291967 NAT. 250, REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATUR VR A15ME 6M 1/67 J.G. CONNELLY DATENION 3

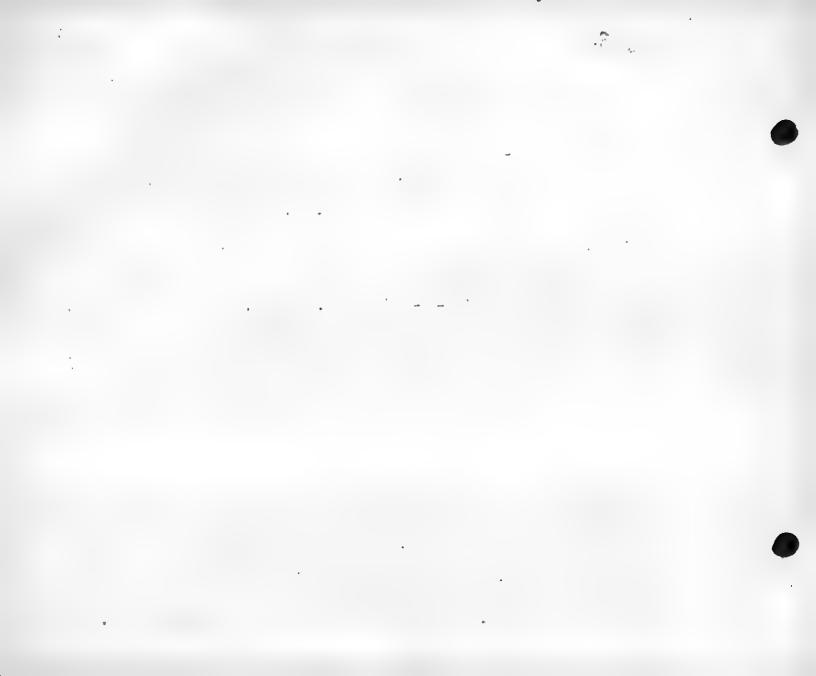


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14968 14973 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Meryland o COUNTY Baltimore Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RJRAL and give nearest town) Reisterstown 2 years Reisterstown d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Nicodemus Road Nicodemus Rd. YES NO 4 DATE NAME OF First Middle Inst Month Day Year DECEASED OF Barbara 1967 Hardestv Nov. D. and in any event, (Type or pont) DEATH remave car S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH AGE (In years IF JNDER 1 YEAR IF LINDER 24 HRS ost birthdoy) Hours Sept.20,1896 White WIDOWED DIVORCED Female 100 JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHP.ACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Seamstress Tailoring U.S.A. physicion Baltimore, Maryland 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME burial, cremotran, ar remayal, Frank Dvorak Barbara Prochaska 15. WAS DECEASED EVER IN U.S. ARMED FORCES? John C. Hardesty Reisterstown, Md. 16. SOCIAL SECURITY NO 17. INFORMANT permit. (Yes, na, or unknown) (If yes give wor or dates of service) 212-01-3865 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ) NTERVAL BETWEEN l-fransit 27 days PART I. DEATH WAS CAUSED BY Myocardial Infarction IMMEDIATE CAUSE (o). þ Page 4 may be retained by the haspital ar attending physician. DUE TO signed t 2 yrs. burial Arteriosclerotic C-V Disease Conditions, if any, which gove rise to immediate couse (a), **DUE TO** stoting the underlying couse detached for use as the e Dept af Health prior to 19 WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) has NO X this certificate 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH DODG (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form (City or town) (County) foctory, street, office bidg , etc.) Not While none of work 11-21-0/19 21. I certify that (f) (NAN NO STATE ) attended the deceased from 10-3-66 \_ , that (1) (we) last and that death accurred at 6430 Am, fram causes and an the date stated above 11-24-67 19 saw the deceased alive an DIRECTOR: 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR 11-28-67 director, page 3 M.D 22c. PHYSICIAN'S O HOSPITAL Hanover Rd., Reisterstown, Md.21136 FUNERAL NAME (Type) D. D. Caples, M. D. 23d LOCAT ON (City or Town) 23a BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (Yinuo)) REMOVAL (Specify)
Burisl Nov. 30.1967 Most Holy Redeemer Cem. Baltimore, Maryland 0 25b REGISTRAR'S SIGNATURE 2Sq REC'D BY REGISTRAR Owings Mills, Maryland. DATENOV Ochanles

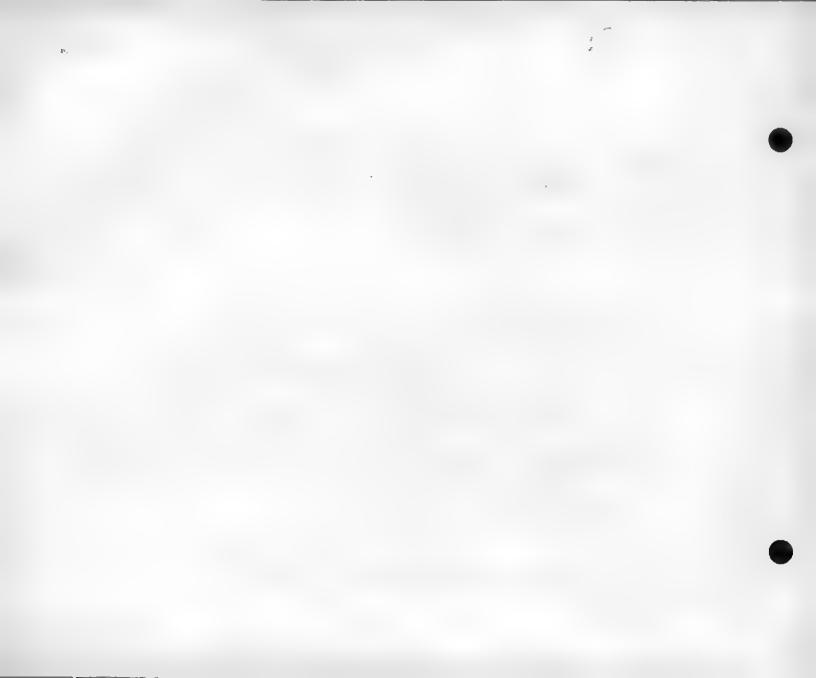


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14974 CERTIFICATE OF DEATH 24 haurs after death 2. USUAL RESIDENCE (Where deceased fived, if institution. Residence before admission) the attending physician and completely filled in by the funeral sit permit. Then please remave carbon papers 1. PLACE OF DEATH ve carbón papers. Pages I an event, within 72thaurs after de o. COUNTY b. COUNTY o. STATE Baltimore MARYLAND b, CITY OR TOWN (If outside corporate I mits. c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Baltimore 21234 owson e IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 2711 Taylor Avenue NO requires that the death certificate be executed within 3 NAME OF M-date DATE Month Year LOST DECEASED OF DEATH trancis Harris Nov. 19 (Type or print) S. SEX DATE OF BIRTH AGE (In veors IF UNDER 24 HRS 7 MARRIED NEVER MARRIED dost birthdoy) Months Doys Hours Aug. 22, 1883 and in any WIDOWED DIVORCED male 10o LSUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 1). BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT dur na most of working life, even if retired)
Retired Civil E COUNTRY? INOUSTRY USA Maryland Engineer 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME cremation, ar remayal, Major Gilbert Harris Mary E. Walker 16 SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 213-05-9894 Mrs. Laura R. Harris (Same) INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1 DEATH WAS CAUSED BY. burial-transit ONSET AND DEATH EREBRAL IMMEDIATE CAUSE (o) þ DUE TO signed t EREBRAL THROMBOSIS-GEOREN Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse as the Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART WAS AUTOPS PERFORMED? CERT FICATION director, page 3 should be detached far use should be filed with the State Dept. of Health ; YES NO. 200 ACC OENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 20d INJURY OCCURRED (County) 20c TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office bldg., etc.) Not While ot work ot work 21 | certify that (1) I this haspital) attended the deceased from , and that death accurred at saw the deceased alive on 15 A.M. fram causes and on the date stated above 220 SIGNATURE 22b. OA 1/2 ATTENDING STAFF PHYS. MED DIRECTOR 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) BURIAL, CREMATION, (Stote) Burial 11/18/67. Lorraine Park Cemetery Baltimore, Md. ADORESS 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Inc Baltimore. Md.

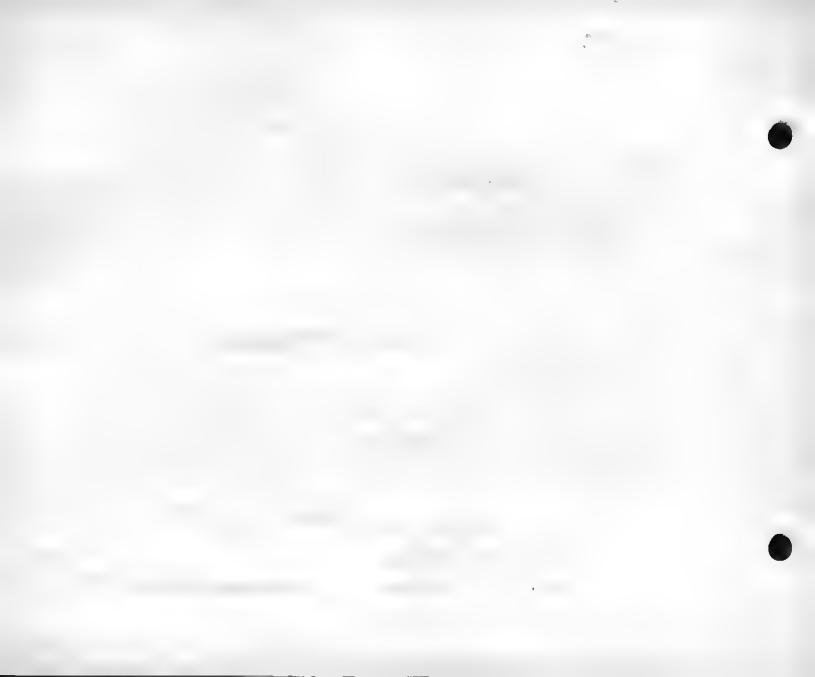
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14975 CERTIFICATE OF DEATH death. and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY g STATE b. COUNTY MARYLAND requires that the death certificate be executed within 24 haurs after b CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 outside corporate I mits, write RURAL and give nearest town) write RURAL and give pegrest town) d STREET, ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address YES NO 🔀 NAME OF First Middle 4 DATE Lost Day Year DECEASED OF DEATH (Type or pnn1) 100 S. SEX # UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED B. DATE OF BIRTH AGE (In years 1F JNDER 24 HRS **NEVER MARRIED** birthday) Months Davs Haurs and in any WIDOWED X DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 C TIZEN OF WHAT County & State or foreign country) please during most of working life, even if retired) COUNTRY? INDUSTRY Housewife CYLE 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar remayal, 16. SOCIAL SECURITY NO 17. INFORMAN Address permit. (Yes, na, or unknown) (If yes give wor or dates at service signed by the after burial-transit perm burial, crematian, a 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) by the haspital ar attending physician. DUE TO Conditions, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying couse as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) be detached for use State Dept. of Health NO M YES ] **DIRECTOR:** After this certificate 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of Item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF IN. URY (Hame, farm, (City or town) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) (State) Hour 'a.m. factory, street, office bldg., etc.) Nat While OR ATTENDING at work 21. I certify that (I) (this haspital) attended the deceased from 196), that (1) (we) last be retained 2 1967 and that death accurred at 10 saw the deceased alive on\_ fram causes and on the date stated above 220 SIGNATURE 22b DATE SIGNED ATTENDING director, page 3 should be filed v M D PHYS. DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIAN'S Page 4 may O FUILLERAL NAME (Type) 10 184 23a BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) FUNERAL DIRECTOR 250 REC D BY REGISTRAR VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14971 14976 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY n STATE **b** COUNTY MARYLAND The law requires that the death certificate be executed within 24 haurs after b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c JENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give negrest tawn) ESSEX d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCI d STREET ADDRESS E. HICKAN YES NO F 4 DATE NAME OF Month Day Year DECEASED OF DEATH 22 HEISTERMAN 196 7 and in any event, (Type or print) AGE (In years IF UNDER 1 YEAR 5 SEX DATE OF BIRTH 6 COLOR OR RACE NEVER MARRIED lost birthday) Manths Hours WIDOWED DIVORCED 100 USUAL OCCUPATION (G ve kind of work done 12 CIT ZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) **COUNTRY?** during most of working life, even if retired) INDUSTRY RE5 REPAIR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, or remayal, IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) ARMELLA HEISTERMAN UNK 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) burial-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 4701 DUE TO Conditions, if any, which gave use to immediate cause (a), DUE TO stating the underlying cause prior tal as the last 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) , page 3 should be detached for use be filed with the State Dept. of Health YES [ NO IZ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of Item 18) 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Hame, farm, 20f (City or town) (State) 20d INJURY OCCURRED (County) foctory, street, office bldg, etc.) Hour 'o m Not While at work 21. I certify that (1) (this haspital) attended the deceased from much 4, 1961, to hor 15 , 1967, that (I) (we) last saw the decease palive an New 1 19 67 and that deoth occurred of JOAM, from causes and on the date stated above DIRECTOR: 22o. SIGNATURE 22b DATE SIGNED M.D. 22d. ADDRESS 22c, PHYSICIAN'S FUNERAL NAME (Type) 901 Fuselace Gr director, 230 BUR AL, EREMATION DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) LORRAINE BALTO. 0 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 25a REC'D BY REGISTRAR 300 MACE I. CONNELLY SONS



VS A15 (4) 15M 10/57

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg.	Pink	B1-
KOO.	LJIST.	No.

7 177

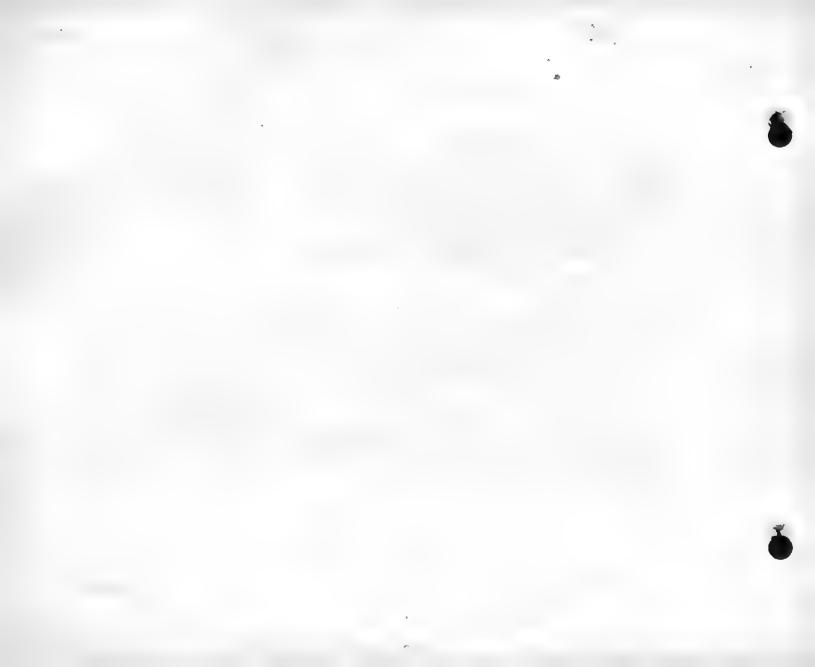
		***************************************		leg. Dist. No.
PLACE OF DEATH O. COUNTY	ALASMA ALAS	2. USUAL RESIDENCE (WI	here deceased fived. If institution b. COUNTY	Residence before admission)
BALTIMORE	MARYLAND	MD.	3. 000111	- 12 1 TI TONE.
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	outside corporate fimits, write RUR	At and give nearest town)
KOKAL GING BITO INCOLES INVITED	5 YRS.	Mr. Was	HINGTON	12.1
d. NAME OF HOSPITAL (If not in hospitol, give street	address)	d. STREET ADDRESS	ATT O LOW	e IS RES DENCE
ST. JOSEPH'S MAN	TOD.	911 W.	TAKE ATT	ON A FARM?
			LAKE AVE.	YES NO
NAME OF First DECEASED	Middle	Lost	4. DATE Month	Doy Year
	. Hennesse	Y 5.5.J.	DEATH NOV	9 1967
SEX 6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
MALE WHITE WIDOW	ED DIVORCED D	MARCH 22 1	908 59 m	Aonths Days Hours Min
USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNT
during most of working life, even if retired) $C = P_B \ TES \ T$	Y. T. C. 31.36 4.31	C 4 5 7735	Maga	
FATHER'S NAME	LERGYMAN	SALEM.		<u> </u>
73 17				
	SSEY	JULIA E.	SULLIVAN	
WAS DECEASED EVER IN U. S. ARMED FORCES? 16  II. NO. or unknown)   [If yes, give wor or dates of service]	SOCIAL SECURITY NO. 17	NFORMANT	Address	
	$V_{E}$	RY REV.G.F	.0'DEA 1130	N. CALVERT
18. CAUSE OF DEATH [Enter only one couse per li	ne far_(a), (b), and (c) 1	1 .//		INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY:	Delate	Molliby.		ONSET AND DEATH
IMMEDIATE CAUSE (o)	TUMENTY	Muyay.		
₩ 8 0 X DUE TO				
Conditions, if ony, which (b)				
gove rise to immediate (  couse (a), stating the under-				
lying couse lost.				
PART II. OTHER SIGNIFICANT CONDITIONS (	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	IN PART 1(0) 19 WAS AUTOPSY
				YES NO N
20g. ACCIDENT WAS UNDERLYING   20b. DES	CRIBE HOW INJURY OCCURRE	D (Enter noture of injury in I	Port Lor Port II of item 18.1	1 .00
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	X			
		ACC OC 11 11 10 11 11 1	1000	<u> </u>
20c. TIME OF INJURY Month, Day, Year 20d. II Hour o. m. White	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm tory, street, office bldg., etc.	,   20f. (City or town) .] !	(County) (State
p, m, 19 of wor				
21. I certify that I attended the deceas	ed from 6/26/6	26, 19 10 L	m 9 10/7	that I lead on the discount
	1617	4,201		that I last saw the deceas
alive an 19/	76.1. and that death			an the date stated aba
ACTUAL / LEON XV	191	121	ADDRESS (Speed, city or lown, sto	DATE SIGN
SIGNATURE	Tuc	M.D.	1 AVVI	MINIO
PHYSICIAN'S HOLD IN	- 11/2/1		12021	1.1
NAME (Type)	MANNET	7	Mes a	M
BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City town, or i	county) (State)
REMOVAL (Specify)	~		D	Mp
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	10, 250	BALTIMORE.	ADIS SIGNIATURE
	ADDRESS	240 REC'	D BY REGISTRAR 246. REGISTR	AR'S SIGNATURE
W. MEARS & SON 80	15 N. CALVER	T ST DATE	T. T. I. JOIL	





	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
£-767£	CERTIFICATE OF DEATH
after death	1. PLACE OF DEATH a COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE b. COUNTY  MARYLAND
ours n by	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 10 c. CITY OR TOWN (if outside corporate limits, write RUPAL and give nearest town write RUPAL and give nearest town 40 yrs. 277 27 27 27 27 27 27 27 27 27 27 27 27
Page Bank	d. NAME OF HOSPITAL OR INSTITUTION (if hot in hospital, give street address) d. STREET ADDRESS ON A FARM?  VES ID NO
<b>₽ ₽</b> ₹	3. NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER YEAR   IF UNDER 24 HR
e execut an and c remove	WIOOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during past of working life, even if retired)  WIOOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during past of working life, even if retired)  10a. USUAL OCCUPATION (Give kind of work done during past of working life, even if retired)  11a. USUAL OCCUPATION (Give kind of work done during past of working life, even if retired)  11a. USUAL OCCUPATION (Give kind of work done during past of working life, even if retired)
ificate b g physici en pleas oval, and	13. FATTER'S NAME ) + HOLLING HOLLING HANDEN NAME 14. MOTHER'S MAIDEN NAME
ath certi attending rmit. Th	15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, ) runkown) (If yes give war or dates of service)
t the de an. I by the ansit pe	18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c),]  PART I. OEATH WAS CAUSEO BY:  IMMEDIATE CAUSE (a)  CAUSET OF CAUSE (b), and (c),]
The law requires that the death certificate be or attending physician. ate has been signed by the attending physician use as the burial-transit permit. Then please alth prior to burial, cremation, or removal, and I	Conditions, If any, which gave rise to Immediate (b)
law requatending has bee e as the hoior to	cause (a), stating the DUE TO underlying cause last. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
AN: The I pital or a ertificate d for use of Health	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMED?  YES NO TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.)
TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed wi Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comple director, page 3 should be detached for use as the burial-transit permit. Then please remove cart should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event,	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, Hour a.m.   While Not While Not While   No
ATTENDING retained b CTOR: Afti should be vith the St	21. I certify that (i) (this hospital) attended the deceased from May 12, 1934 to Mov 24, 1967, that (i) (we) last saw the deceased alive on 101/17, 1907, and that death occurred at 4.15 M, from the causes and on the date stated above
AL OR A nay be re nL DIREC page 3	22a. SIGNATURE FALLE D'ALENDING MED. STAFF DIRECTOR DIRECTOR PHYS.
O HOSPITAL Page 4 may O FUNERAL director, pag	22c. PHYSICIAN'S NAME (Type) Paul D. Shaub, M.D. 22d. ADDRESS Shrewsbury, Pa.  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county) (State)
01 01 p p s	74 FUNERAL DIRECTOR 25b. REGISTRAN 2
VR AI5 (4) 20M 1/65	Sacoli Kirlenellin, Y/200 Streledom, Va. DATE NOV 28 1967 Charles Judge





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14981 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) a. COUNTY o. STATE b. COUNTY Maryland Baltimore Baltimore MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Turkey Point di c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 15 Baltimore 21221 e IS RES DENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS filled j 660 Turkey Point Road YES NO S by the attending physician and completely filler transit permit. Then please remove carban plucemation, or removal, and in any event, within Box660 Turkey Point Road 3. NAME OF Middle 4 DATE Lost DECEASED OF DEATH (Type or print) Ethel Hobbey

B DATE OF BIRTH 19 S. SEX IF UNDER 1 YEAR F UNDER 24 HRS 6. COLOR OR RACE 9 AGF (In years 7 MARRIED **NEVER MARRIED** iost birthdoy) Months Hours 11-25-1883 Cac WIDOWED DIVORCED Female 100 USUAL OCCUPATION (Give kind of work done during most of working I te, even if retired) TOD KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CT ZEN OF WHAT INDUSTRY **COUNTRY?** U.S.A. Nova Scotia Housewife Housewade 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William Hazelwood Annie diller 15 WAS DECEASED EVER IN U.S. ARMED FORCES? TO SOCIAL SECURITY NO 17 INFORMANT Address 21221 (Yes, no, or unknown) ((If yes give wor or dotes of service) 031-26-6911 Mr Harold G. Bates 660 Turkey Road 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p burial, crematic ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO stating the underlying cause 10 FUNERAL DIRECTOR: After this certificate has been page 3 should be detached for use as the bill filed with the State Dept. af Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO YES 206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port 1 of item 18.) 20g ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year (County) factory, street, office bldg , etc.) Not While at work ot work 21. 1 certify that (1) (this hospital) attended the deceased from Sect. 16, 1967, ta. 11-11, 1967, that (1) (we) lost saw the deceased alive en 10 1967, and that death accurred at 10 30 AM, from causes and an the date stated above 1967, that (I) (we) last 27g SUBMAJURI 22b DATE SIGNED ATTENDING MED 11-13-M.D. 22d. ADDRESS PHYSICIAN S NAME (Type) 1012 director, should l 23o. BUR AL, CREMAT ON, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) Baltimore City Md. CHOYAL STEEL BY Greenmount Cemetery 11-14-1967 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2So REC D BY REGISTRAR VR A15 (4) 25M 3/67 1967 7401 Bulan Rue



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14982 CERTIFICATE OF DEATH hours after death 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) PLACE OF DEATH a. STATE b COUNTY o. COUNTY Baltimore Baltimore MARYLAND b (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) C LENGTH OF STAY IN 16 Essex d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? 1314 Hock Lane # 21221. 1313 Old Eastern Ave. Rd. #21 YES NO TX The law mayires that the death certificate be executed within crematian, or removal, and in any event, with NAME OF Middle 4 DATE completely DECEASED DEATH November 67. CATHERINE B. HOCK 19 (Type or print) IF JNDER 1 YEAR AGE (In years DATE OF BIRTH S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Doys Hours White 1895 Female (20) Aug. WIDOWED DIVORCED 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 10o, JSUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) +NDUSTRY House Work Baltimore II.S.A 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Richard Hughes Mary Baumbusch INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16.2013L-1049LLY49.73 (Yes, no or unknown) (If yes give wor or dotes of service) permit Old Eastern Ave Rita M. Wolf 1415 None CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) burrol-tronsit PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' þ Poge 4 may be retained by the hospital or ottending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate hos been as the lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS PERFORMED? CERTIF, CATION for use detoched for use to Dept. of Health NO 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d INJURY OCCURRED 20c TIME OF INJURY Month, Day, Year foctory, street, office bldg, etc.) Not While at work of work 192 Q, ta 21. I certify that (1) (this hospital) attended the deceased from 1---\_\_\_, and that death accurred at 8:35 M. Itom causes and on the date stated above. saw the deceased alive an\_ 22b. DATE SIGNED 22n SKINATURE M.D. DIRECTOR director, poge 3 should be filed 22d ADDRESS 226 PHYSICIAN S 8552 Philadelphia Rd., Md. NAME (Type) G.M. Baumgardner 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 23b DATE THEREOF BURIAL, CREMATION, 7401 German Hill Rd., Md. Sacred Heart Cemetery 11-16-67 2Sb REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66



RYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Baltimore, 10 Baltimore 10 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give sireet address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Ridge Court Over Ridge YES NO Court NAME OF 3. Middle Ypar DECEASED OF (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED IF UNDER 24 PIRS. 9. AGE (In years IF UNDER 1 YEAR and Sark last birthday) Months WIDOWED DIVORCED 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & Stete, or fore gn country) 1 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) Maritime U.S.A. Cantain Riderwood 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending | Then please William Ross Hoff Annie Goldsborough 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unkown) | (If yes give wer ar detes of service) Mrs . Colgate Yes (Same 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) ) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IN **DUE TO** Conditions, if eny, which gave rise to Immediate cause DUE TO (a), steting the underlying ceuse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 200, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of Jem 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 201. [City or town] (County) (State) tectory, street, office bldg., etc.) Not While While Hour a.m. et work et work 21. I certify that (1) (this hospital) attended the deceased from. 7, and that death occurred at 1.00 AM, from the causes and on the date stated above. saw the deceased alive on 22a SIGNATURE DATE ATTENDING SIGNED PHYS. DIRECTOR PHYS. HOSPITAL Page PUNERA 22c PHYSICIAN'S ADDRESS filed v 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, Ipwn or county) [Stele] REMOVAL (Specify) OF Buri Loudon Park 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 Co. Sons 1SM 7-62 DATE



by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept, of Health prior to Page 4 may be retoined VR A15 (4)

O HOSPITAL OR ATTENDING

requires that the death certificate be executed within 24 hours ofter death

230 BUR AL CREMATION. REMOVAL (Specify) 24 FUNERAL DIRECTOR

22c. PHYSICIAN'S NAME (Type)

235 DATE THEREOF

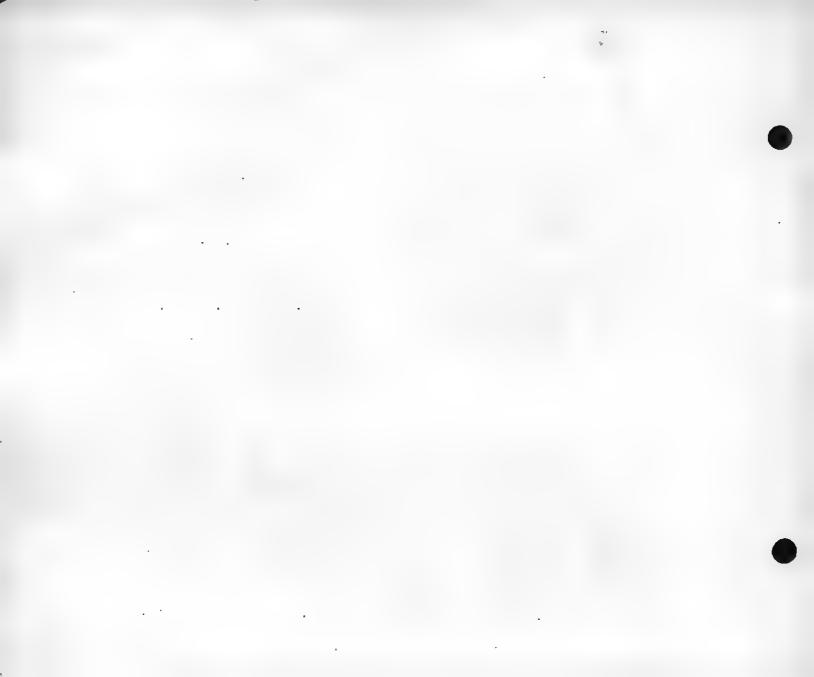
23c NAME OF CEMETERY OR CREMATORY Julane i dalle: emorial

23d LOCATION (City or Town)

MED DIRECTOR

22d ADDRESS



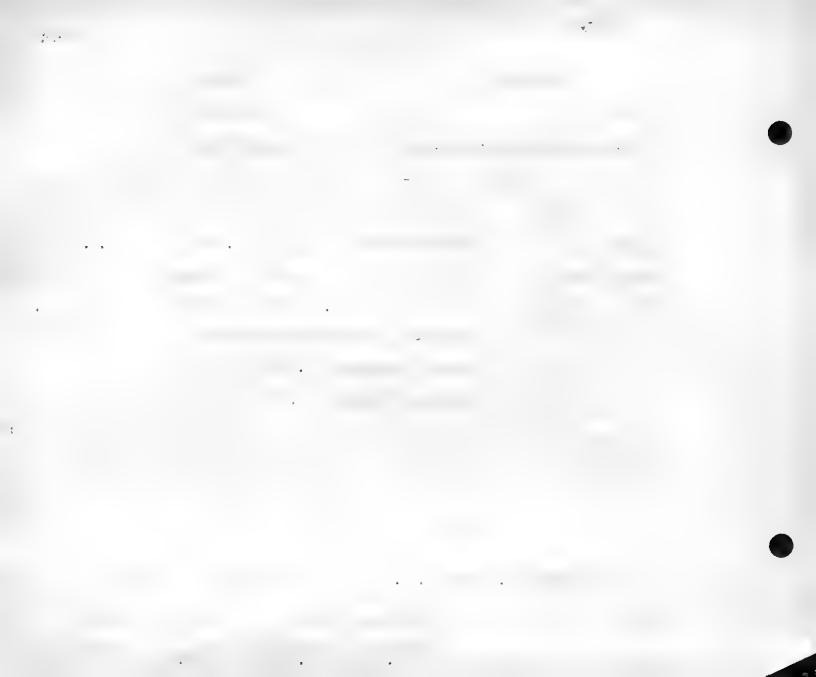


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14981 14986 CERTIFICATE OF DEATH 24 hours ofter death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a. STATE **b.** COUNTY G. COUNTY BALTTMORE MARYLAND MARYLAND CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If guitside carparate limits, write RURAL and give nearest tawn) 48 DAYS BALTIMORE 21207 FORT HOWARD e IS RESIDENC d STREET ADDRESS Ę d NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) ON A FARM? 3816 FERNDALE AVENUE NO F VETERANS ADMINISTRATION HOSPITAL within requires that the death certificate be executed within DATE Middle Month Doy NAME OF First Year DECEASED 67 28 NOVEMBER MALLITW H. HOLMES DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BURTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthday) Hours 3/21/90 and in any WIDOWED DIVORCED NEGRO MALE 12. CITIZEN OF WHAT 10a LS\_AL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) U.S.A. please during mast at warking life, even if retired) physician nen please BALTIMORE, MARYLAND ATRCRAFT COMPANY LABORER 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME cremotion, or removal, LUCIE BOLDIE WILLIAM HOLMES 17 INFORMANT 16 SOCIAL SECURITY NO WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war or dates of service 220 18 91 59 CLIN. RECORDS, VA HOSPITAL, FI HOWARD, MD. YES NTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per time for (o), (b), and (c) ) burial-transit p ONSET AND DEATH PART I, DEATH WAS CAUSED BY CONGESTIVE HEART FAILURE IMMEDIATE CAUSE (a) the haspital ar attending physician DUE TO ARTERIOSCLEROTIC HEART DISEASE Conditions, if any, which gave UNKNOWN nse to immediate cause (a), **DUE TO** stating the underlying cause WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Health YES X NO PULMONARY EMPHYSEMA MARKED 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port I of item 18) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH letached (IF EITHER, NOTIFY MEDICAL EXAMINER) R 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) 20d INJURY OCCURRED 20t TIME OF INJURY Month, Day, Year Æ Haur Ta.m. **Nat While** factory, street, affice blda., etc.) at wark of wark attended the deceased from 11/28/67 21. I certify that (i) (this haspital) ta be retained and that death accurred at :30 M, from causes and an the date stated above saw the deceased alive on O FUNERAL DIRECTOR: 22a SIGNATURE 22b DATE S GNED 11/28/67 DIRECTOR PHYS. M.D PHYS director, page 22d. ADDRESS 22c. PHYSICIAN'S PETER V. JUVAN, M. D. VAH FORT HOWARD, MARYLAND NAME (Type 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) 230 BURIAL, CREMATION REMOVAL (Specify) BALTIMORE, MARYLAND BALTIMORE NATIONAL BURTAL **ADDRESS** 24. FUNERAL DIRECTOR PHILLEPS FUNERAL HOME 1749 N. Monroe St. Deltimore, Md.



be retained DIRECTOR: r, page 3 be filed v Poge 4 moy FUNIRAL director, should be 2 YR A15 (4) 25M 1/67

19 WAS AUTOPS'
PERFORMED? NO (Stote) \_\_\_\_, that **6**0 (we) last and that death accurred at 9:07PM, from causes and an the date stated above 22c. PHYSICIAN'S 22d. ADDRESS JOSEPH J. MOWAD. M. D. VAH FORT HOWARD, MARYLAND 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, (County) (State) REMOVAL (Specify) BAITIMORE. MARYLAND BURTAT. 2So REC'D BY REG STRAR 24. FUNERAL DIRECTOR FUNERAL HOME ARLINGTON PHILLIPS 1808 N. Monroe St. Baltimore



10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbanl paper should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, withta 72

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	PLACE OF DEATH				2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission)				
o. COUNTY	OUNTY Baltimore MARYLAND		o. STATE	o. STATE Maryland b. COUNTY					
b CITY OR TOW	CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16			C CITY OR TOWN (if outside corporate imits, write RURAL and give nearest town)					
	and give necresi town)			Bal	Ltimore		3		
	PITAL OR INSTITUTION (# no	t in hospitoi, g	give street oddress)	d STREET ADDRESS			e IS RESII ON A F	DENCE	
F	didgeway Mano	r		Cat	thedral St.		YES T	NO X	
3. NAME OF	Fir		Middle	Lost	4. DATE	Month	Doy Ye	ar	
(Type or pont)	May		Horner	1	OF DEATH NOVE	ember 11,	. 19	67	
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yea	rs .F UNDER 1	YEAR IF UNDER		
Female	White	WIDOWED	DIVORCED X	9-7-1890	lost birthdo	y) Months	Doys Hours	Min	
	ON (Give kind of work done		ND OF BUSINESS OR	11 BIRTHPLACE (Co	unty & State or foreign country)		ZEN OF WHAT		
Non	ing life, even if retired)	119	IDUSTRY	Man	rvland	COO	NTRY?		
13. FATHER'S NAME				14. MOTHER'S MAII					
	MAKKAKK	Charle	es Ma <del>r</del> tin	Cat	therine Gittin	ger			
IS. WAS DECEASED	EVER IN U.S. ARMED FORCES?  n) (If yes give wor or dotes o	16		17 INFORMANT		Address			
(res, no, or unknow	n) I(II yes give wor or dores o	2	14-03-6074	Mr. Dick Lov	re. Baltimore	, Md.			
18. CAUSE OF	DEATH (Enter only one cou-	se per line for	(a), (b), and (c).)				INTERVAL BET		
	EATH WAS CAUSED BY. IMMEDIATE CAUSE	(0) 00	ulus - V	Come Co	a Ger		ONSET AND D	JEATH -3	
3.3 /	DUE		/					1	
	ny, which gove	(b)	mole				ye	^	
	derlying couse DUE	TO	1				-		
lost	)	(t)							
PART IL OTHER	SIGNIFICANT CONDITIONS CO	ONTRIBUTING 1	TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE	E CONDITION GIVEN IN PART 1(	0)	19 WAS AUT PERFORM	OPSY IED?	
No.								NO [	
	WAS UNDERLYING □ NG □ CAUSE OF DEATH	20b DE	SCRIBE HOW INJURY OCCUR	RED (Enter noture of injur	y in Port I or Port II of Item 18	3.)			
THE CHARK NOT	FY MEDICAL EXAMINER)								
20c. TIME OF Hour	NJURY Month, Doy, Year	20d II While		PLACE OF INJURY (Home, foctory, street, office bldg.		n) (Cour	ıty)	(State)	
34	p.m. 19	of worl		Tottory, sireer, office blug.			_		
21. 1 ce	rtify that (I) (this has				, 1966 to 11	202 196	) that (I) (	we) la	
	deceased alive an	11 7	1961, and	that death accurred	ot <u>29</u> M, fram cau			J abav	
220 SIGNATU	21-10-		$a \sim 2 \omega A$	ATTENDING	MED STAFF	22b DAJ	FSIGNED 6	1	
	- vices	Fre	chang 114/	M.D PHYS. L.	DIRECTOR L PHYS.	□ /	- O IL O	15	
22c PHYSICIA NAME (Ty	<sup>NS</sup> pe) Dr. Willia	m Good	ìma n	22d ADDRESS	ulphur Spring	Road			
							(		
230 BJRIAL, CREMI REMOVAL (Spe	cify)	_	23c NAME OF CEMETERY		23d. LOCATION (City of	, ,	,,	stote)	
Burial 24 FUNERA, DIREC	11-14	1-57	Green Mou		Baltimore REC D BY REGISTRAR 258	Maryla REG STRAR'S SIG	and NATURE	ı	
	L-Wiedefeld H	Tome 65			NOV 1 5 1967	atha	En Jus	Lak.	
Mitchell	L-wledeleld L	iome of	ou fork mu.	DATE	N11V 1 5 1967	yeuros	YEAR WHEE	1	



MARYLAND STATE DEPARTMENT OF HEALTH



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HEALTH DEPT.

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**EXAMINER:** 

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## MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14990

e IS RESIDENCE ON A FARM?

NO

YES

PLACE OF DEATH o. COUNTY 7203 York Drive NAME OF DECEASED (Type or print) S SEX Female. 10o USUAL OCCUPATION (Give kind of work done

Baltimore MARYLAND b (TY OR TOWN (If outside corporate mits, write RURAL and give nearest town) Baltimore

SARA

6 COLOR OR RACE

White

c. LENGTH OF STAY IN 16 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

Middie

NEVER MARRIED

(HUTCHISON

DIVORCED

d STREET ADDRESS 7203 York Drive

HITCHINSON

10-24-1914

o. STATE

Marvland

ELAWARE

14 MOTHERS MA DEN NAME

Baltimore

4 DATE OF DEATH

November 9 AGE (In years lost birthdoy) BIRTHPLACE (State or foreign country)

2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission)

c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

b COUNTY

Months Dovs Hours 12 CITIZEN OF WHAT COUNTRY?

13 FATHERS NAME JEORGE WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)

PART I DEATH WAS CAUSED BY

16 SOCIAL SECURITY NO 219-10-7121 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)

Bronchopneumonia

10b KIND OF BUSINESS OR

INDUSTRY KESTAURANT

ELIZABETH

7 MARRIED

WIDOWED

17 INFORMANT

BEDWELL

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if ony, which gove ? rise to immediate cause (o), stoting the underlying couse los1 PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(o)

20o EXTERNAL CAUSE WAS

PRIMARY I or CONTRIBUTING I

20c. TIME OF INJURY Month, Doy, Year Hour o.m

during most of working life, even if retired)

WAITRESS

IMMEDIATE CAUSE (o).

XXXXXX

DUE TO

(b)

20b DESCRIBE HOW INJURY OCCURRED (Enter noture of in any in Port I or Port II of item 18.)

20d INJURY OCCURRED

ot work

of work

Metastatic Carcinoma

20e PLACE OF INJURY (Home, form foctory, street, office bidg, etc.)

Hamicide

(City or fown)

Undetermined manner

Inquiry

and in my opinion

WAS AUTOPSY PERFORMED?

YES X NO

(Stote)

21. I certify that I taak charge of the remains described above, held an Autopsy death\_resulted fram

CAUSE OF DEATH

Natural causes 12

Suicide Accident

JEM

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MED CAL EXAMINER

Inspect on [1]

22. DATE SIGNED

FUNERAL DIRECTOR: Page 5 may 100 FOUNE the

**EXAMINER'S** NAME (Type) 230 BUR AL CREMATION. BEMOVAL (Specify)

FMMERAL DIRECTOR

SIGNATURE

23b DATE THEREOF 11-17-67

Edward F. Wilson, M.D. NAME OF CEMETERY OR CREMATOR RORGE'S

Address (Street, city, town, or county) 23d LOCATION (City or Town)

November 15, 1967

VR A15ME (5) 6M 1/67

250 RECD BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 54981 14986 CERTIFICATE OF DEATH deothy death unerol 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY Bottomore b. COUNTY requires that the death certificate be executed within 24 hours often MARYLAND b CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 16 ( CITY OR TOWN (If outside corparate mints, write RURAL and give hearest town) write PRAL and give nearest town Ballimore d NAME OF HOSP TAL OR INSTITUT ON (If not a haspital, give street address) d. STREET ADDRESS e IS RES DENC henox Street Fillind popular ON A FARM? Ale Hospital YES NO F within NAME OF Middle remove carbon DATE Day Year DECEASED OF aco (Type or print) 19 6 DEATH 5 SEX F UNDER 24 HRS 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED DATE OF BIRTH Months last orthday) Davs Haurs and in ony WIDOWED DIVORCED 10c. dSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of warking life even if retired) physicia⊪ ( ien pleose INDUSTRY COUNTRY? U. J 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ( or removol. ames Jaco. hring Grove State Hospital 15 WAS DECEASED EVER IN U.S. ARMED FORCE 5? 16 SOCIAL SECURITY NO INFORMANT (Yes, na, or unknown) (If yes give war or dates at service 235-18-1662 cremotion. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ol-transit PART I DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) signed buriol-tr DUE TO buriol. Conditions, if any, which gave rise to immediate cause (a), DUF TO stating the underlying couse prior to last 19 WAS AUTOPSY PERFORMED? has PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) USB of Health YES X ficote NO ō 200 ACCIDENT WAS UNDERLYING I 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH certif detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour a.m. While Nat While factory, street, affice bldg., etc.) at wark 21 I certify that (2) (this haspital) attended the deceased fram\_ - 1967, that (k) (we) last 11-23 be retorned pluo saw the deceased glive an 11-23 - 1967, and that death accurred at 12 7 M, fram causes and on the date stated above DIRECTOR: 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** director, page should be filed PHYS Aprino Grove Sta 22d. ADDRESS 22c PHYSICIAN'S RONALD M. SMEETS O FUNERAL NAME (Type) maryland 23a BURNAL, CREMAGION (City or Town), (County) (State) REMOVAL (Specify) 25b REGISTRAR'S SIGNATURE FUNERAL DIRECTO! RECID BY REGISTRAR VR A15 (4) 25M 1/67 Kil someton



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH requires that the death certificate be executed within 24 hours after dea a. COUNTY Baltimore Pasquotank MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) 3 Wks. Elizabeth City Towson IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION ( f not in hospital, give street address) d. STREET ADDRESS completely Filled St. Joseph Hospital 1606 Park View Drive NO XX YES NAME OF Middle 4. DATE Furst East Month Doy Year DECEASED 22. MORGAN JENNINGS November 19 67 ROBERT (Type or print) DEATH IF JNDER 1 YEAR IF UNDER 24 HRS S SEX B. DATE OF BIRTH 9. AGE (in years 6 COLOR OR RACE 7. MARRIED TY NEVER MARRIED last birthday) Months Hours Sept. 17, 1898 WIDOWED DIVORCED and in any Male Cau. 69 ond 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
President & Manager INDUSTRY COUNTRY? S.A. North Carolina Industrial mit. Then ple 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME Edith Miles Jennings Mann IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates af service) 237-03-0669A Mrs. Mildred Jennings. as # Same INTERVAL BETWEEN IB CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY Bec/4518 1 on are IMMEDIATE CAUSE (o DUE TO Conditions, if only, which gove nse ta immediate cause (a). DUE TO stating the underlying couse hos been the prior to WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? letoched for use of Dept. of Health p NO YES O FUNERAL DIRECTOR: After this certificate OR ATTENDING PHYSICIAN: 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL ( 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or tawn) (County) (State) TIME OF INJURY Month, Day, Year Haur o.m Not While factory, street, office bldg, etc.) of work Ithot (I) (we) lost be retained 196 , and that death occurred of M, from causes and on the date stated above sow tive deceased alive an 22o, SIGNATUR 22b. DATE SIGNED director, page 3 should be filed v M.D. PHYS. DIRECTOR Poge 4 may b 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (State) 230 BURIAL CREMATION, REMOVAL (Specify) Old Hollywood Cemetery Elizabeth City, N. C. Burial 25b. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 1050 York Road VR A15 (4) Wm. Cook-Brooks Towson, 20 M 1/66 Towson, Maryland 21204 DATE NICH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 44983 CERTIFICATE OF DEATH 14983 requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY o STATE MARYLAND JALTIME SI b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURA, and give nearest town) OVERLEA d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS S RES DENCE ON A FARM? NO 🖂 WILLOW YES 🗌 have corbon NAME OF 4. DATE Middle Last DECEASED JOSE (Type or print) DEATH 196 LTH IF UNDER 1 YEAR S SEX AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE B DATE OF BIRTH 7 MARRIED **NEVER MARRIED** lost birthday) Manths please remay WIDOWED 🔀 DIVORCED 6665T 8,1903 10a JSUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or fareign country) 12 CITIZEN OF WHAT physician ( nen please COUNTRYS during most of working life, even if refired) INDUSTRY 13. FATHER'S NAME SELF EMPLOYER SALANNAH GLONGIA attending physic permit. Then ple ian, or removal, o 14. MOTHER'S MAIDEN NAME FACE LISH WALKER WAS DECEASED EVER IN U.S. ARMED FORCES? burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) signed by the burnal-transit p PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause as the priar ta has been last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALTOPS' PERFORMED? detached far use te Dept. of Health NO To O FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING LAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 1 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, farm, (City or fown) (State) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) Haur o.m. factory, street, office blog\_etc.) Not While at work L at wark 21. I certify that (1) (this haspital) attended the deceased fram\_ 10 MOV 6 be retained saw the deceased/alive on 6 -19  $\angle$  and that death accurred at 7.15 AM, from causes and an the date stated above STRNATHRE 22b DATE SIGNED 220 DIRECTOR PHYSICIAN'S NAME (Type) CHIRRY HILL 120 director, shauld b 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) DALTE. 2SG REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR VR A15 [4] DATNOV 8 25M 1/67 7110 CIEWAIR





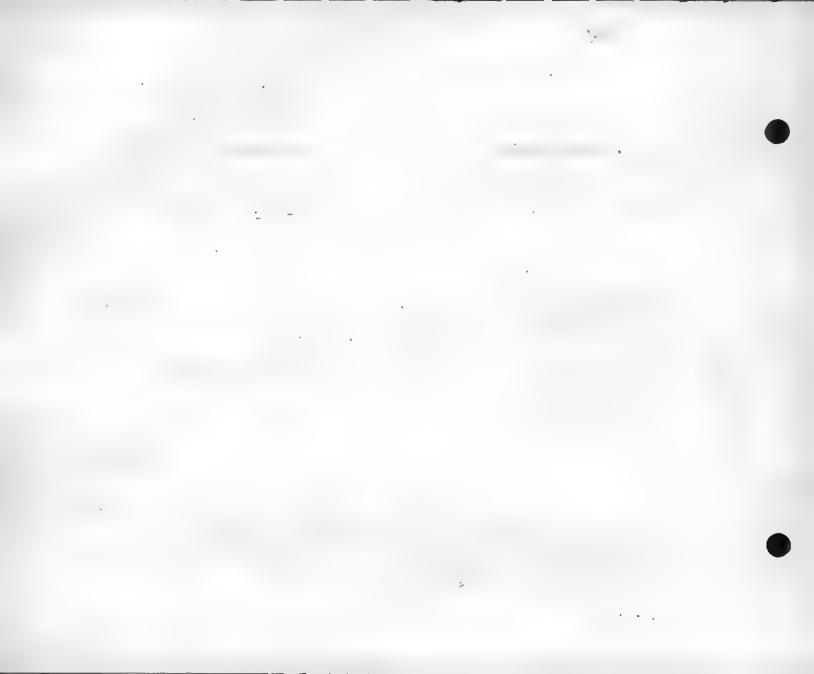
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, if institution, Residence before admission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If Butsida corporata limits, write RURAL and give nearest town) write RURAL and give nearest town CANDAILSTOUN d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street address? e. IS RESIDENCE ON A FARM? YES NO X DECEASED (Type or print) DEATH B. DATE OF BIRTH 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) WIDOWED DT DIVORCED 10e, USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? BIRTHP, ACE (County & State, or foreign country) done during most of working life, even if retired MANCHESTER. N. H. HOUSEULTE AT HOME 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? TULIA GOLDSMITH 16. SOCIAL SECURITY NO., 17. INFORMANT Address (Yes, no, or unknown) (If yes give we rordetes of service) INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per | ne for (e), (b), end (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19, WAS AUTOPSY CATION PERFORMED? NO T 206 ACCIDENT WAS UNDERLYING [ 206. DESCRIBE HOW NIJRY OCCURED. [Enter neture of injury in Pert I or Part I of Item 18.] OR CONTRIBUTING [ CAUSE OF DEATH | LIF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF NJJRY Month, Day, Year 20d. INJURY OCCURRED. 20e. PLACE OF INJURY (Home, farm, 20f. IC ty or town) (County) (State) factory, street, office bldg., etc.) While Not While al work al work 21. I certify that (I) (this hospital) altended the deceased from OCA: 30 1967, to 1/- 0 1967, that (1) (we) last saw the deceased alive on... 22b DATE 22e. SIGNATURE SIGNED **DIRECTOR** PHYS. PHYS. M.D. HOSPITA, Page FUNERA, rector, page filed with 22c. PHYSICIAN'S 22d. ADDRESS 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION [City, lown or county] 0.98 SHARON MEMORIAL PARK ADDRESS 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A1S (4) 15M 7/61 BROS. INC. 6010



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH haurs after death gud 2 USUAL RESIDENCE (Where deceased lived, finistitution Residence before odmission) PLACE OF DEATH a. COUNTY a. STATE **b.** COUNTY Baltimore MARYLAND Maryland physician and completely filled in by the f en please remave cárbon papers Pages CLENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside carparate limits, write RURA, and give negrest tawn) The low requires that the death certificate be executed within 24 haurs of write RURA, and give neorest tawn) 27 years Catons vil Baltimore d STREET ADDRESS e IS RES DENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (final in haspital, give street address) 1632 North Montford Avenue SPRING GROVE STATE HOSPITAL NO [ 3 NAME OF First Month Middle Lost DATE Doy Year DECEASED Henry John event, Karl 6 67 (Type or print) DFATH No vember 19 IF UNDER 1 YEAR S SEX 9. AGE (In years 6 COLOR OR RACE 8. DATE OF BIRTH IF JNDER 24 HRS 7 MARRIED NEVER MARRIED birthdoy) Days Hours and in any white WIDOWED DIVORCED 1899 male 10a USUA: OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? U. S. Maryland printer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the attending physical property of the propert crematian, ar removal Karl John Barbara Schwartzman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, po. ar unknawn) (If yes give war ar dates of service) 16 SOCIAL SECURITY NO. 17 INFORMANT Address 215-12-4641T Records: SPRING GROVE STATE INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY Polyarteritis Nodosa, subacute, pre-summ signed by attending physician. tive **DUE TO** Conditions, if ony, which gave nse to immediate couse (a). DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT MODERALDED TO THE TERMINALD SEAST CONDITION OF THE OTHER PROPERTY. WAS AUTOPSY PERFORMED? detached far use Mitral Stenosis: ASCHD with hypertension secondary to prob-Page 4 may be retained by the hospital ar 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) (State) Hour om Not While factory, street, affice bldg., etc.) OR ATTENDING 19 Nov. 6 19 67, and that death occurred at 9:00 M. fram causes and a state (we) last 21. I certify that (Ix (this haspital) attended the deceased fram shauld saw the deceased alive an 22b DATE SIGNED 22ct SIGNATURE 11-6-67 director, page 3 DIRECTOR 22d. ADDRESSSPRING PHYSICIAN S GROVE STATE HOSPITAL NAME (Type) Raltimore Maryland 23r NAME OF CEMETERY OR CREMATORY 236. DATE THEREOF 23d. LOCAT ON (City or Town) 23a BURIAL, CREMATION (County) (Stote) REMOVAL (Specify) 11/8/67. Holy Redeemer Cemetery Baltimore, Md. 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Balto. Md. 21214 VR A15 Milleries Judge DATE NOV 20 M 1/60



		DIMISION OF STATISTICAL RESEARCH AND RECORD	EPARTMENT OF HEALTH DS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
e -	-	CERTIFICATION CE	
die Georgia	1.	a. COUNTY Baltimore County  MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a STATE b. COUNTY Maryland Baltimore
	Г	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
	_	d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street addres	Perry Hall , Md.
			I ON A FARM?
	3.	St. Joseph Hospital  NAME OF First Middle	9807 Gunforge Rd. 21236 YES NO Last 14. DATE Month Day Year
		OECEASED (Type or print) Sarah	Keen DEATH 11 20 19 67
	5,	SEX G. COLOR OR RACE 7. MARRIED NEVER MARRIED	1 8 DATE OF BIRTH 19 ACE (In years ITE LINDER 1 YEAR ITE LINDER 24 HRS
	1	Temale White WIDOWED DIVORCED	1-5-1873   last birthday   Months   Days   Hours   Min.
	du	a. USUAL DCCUPATION (Cive kind of work done 10b. KIND OF BUSINESS DR ring most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13	ring most of working life, even if retired) Housewife FATHER'S NAME HOUSEWIFE	Baltimore City Maryland U.S.A.
		John Rose	Elva Stockman
	1	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY ND.   17	INFORMANT Address
	10	es, no, or unknown) (If yes give war or dates of service) No 212-50-6500	Ars "elen C. Friesner 9807 Gurforge Road
	-	18. CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulating Call	lafre 4there
		DUE TO	is Cardinamela disease 20 was
		gave rise to immediate	a Chrohoumenton oralged to typical
		cause (a), stating the DUE TD underlying cause last. (c)	
	ĕ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	10E	Lay Breat.	YES NO [3]
	CERTIFICATIO	200. ACCIDENT WAS UNDERLYING CODE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of Injury in Part I or Part II of Item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P. Hour a.m. While p.m. 19 at work at work	ACE DF INJURY (Home, farm, tory, street, office bldg., etc.)
	-	21. I certify that (I) (this hospital) attended the deceased from	may 10, 19 65, to 12t1/, 1957, that (1) (we) last
		saw the deceased alive on	at death occurred at 2 M, from the causes and on the date stated above.
		22a. SICNATURE	ATTENDING MED. STAFF
		22c. PHYSICIAN'S	D. PHYS. DIRECTOR PHYS. 22d. ADDRESS
		NAME (Type) AMUEL TORANSHY	
1	23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE REMOVAL (Specify) 11-22-67 SALTIMORE	RY OR CREMATORY 23d, LOCATION (City, town or county) (State)
1	24	FUNERAL DIRECTOR ADDRESS	3,6 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	K	sasahndunud Jone 740, Bu	Can Por DATE NOV 27 1987 Villanda. Undas



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 593 CERTIFICATE OF DEATH death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY after MARYLAND b. CITY DR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Š write RURAL and give nearest town) hours Toussan d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE paper 77 ON A FARM? YES WO within completely ve carbon NAME OF First Middle Last 4. DATE Month Day Year DECEASED event. 10 (Type or print) DEATH 19 5. SEX 6. CDLOR OR RACE 8. DATE OF AGE (In years | IF UNDER 1 YEAR OF UNDER 24 HRS. remove 7. MARRIED NEVER MARRIED last birthday) Months I Days Hours any alld WIDOWED I DIVORCED [ Ξ 1Da. USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, of foreign country) 12. CITIZEN OF WHAT ne attending physician permit. Then please during most of working life, even if retired) þe and INDUSTRY COUNTRY? certificate 13. FATHER'S NAME removal. MOTHER'S MAIDEN NAM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. INFORMANT Address 0 death (Yes, no, or unkown) (If yes give war or dates of service) cremation, 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN signed by th ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-t burial, DUE TO Conditions, If any, which (b) een gave rise to immediate まま DUE TO cause (a), stating the prior underlying cause last. as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY After This cartificate his be detached for use State Dept. of Health for use Health I use CERTIFICATI PERFORMED? hospital or YES NO F PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) should be Hour a.m. Not While ATTENDING p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from to 10 MN 19 that (I) (we) last DIMICTOR: age 3 should lied with the and that death occurred at 112 M, from the causes and on the date stated above. saw the deceased alive on. 19 SIGNATURE 22b. DATE SIGNED page ATTENDING 10 Jeor DIRECTOR M.D. PHYS. PHYS. Gractor, pag щау O HOSPITAL PHYSIC/A)1'S ADDRESS director, pa BURIAL, CREMATION, 1 23b. DATE THEREOF LOCATION (City, town or county) 23a 23c. INAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 2 REGISTRAR'S **EUNERAL DIRECTOR** REC'D BY REGISTRAR ! 25b. 25a. SIGNATURE VR ALS (4) 20M 1/65



ape 2 should be filed with

offer death Page 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11999

1								
	DI PLACE OF DEATH Baltimore	MARYLAND	2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o STATE Maryland b COUNTY Baltimore					
	b CITY OR TOWN (If outside corporate limits, write RURAL and give north to the RURAL a	H OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, write R	URAL and give nearest town)			
	d NAME OF HOSPITAL (If not in hospito), give street address) OR INSTITUTION Mercy Villa		d. STREET ADDRESS 1438 W	inston Avenue	e is residence on a farm? yes \( \) no \( \)			
	3. NAME OF First DECEASED (Type or print) Mary	Middle E	Kelly	4. DATE Mon	/			
	S. SEX   6 COLOR OR RACE   7. MARRIED   NE   WIDOWED   MIDOWED	DIVORCED [	12/22/1878	9. AGE (In years last birthday) Byrs	Months Days Hours Min			
	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF I during most af working life, even if retired) homemaker	AUSINESS OR INDUS	TRY 11 BIRTHPLACE (Stote of Maryland	r foreign country)	12 CITIZEN OF WHAT COUNTRY United State			
	13. FATHER'S NAME Martin Fisher		14. MOTHER'S MAIDEN N.	<sup>AME</sup> B <b>rubaker</b>				
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SE (Yes, no or unknown) (If yes, give wor or doles of service) 216-035	-0-4	formant ster M. Carlo	tta, R.S.M.	6400 Bellona Ave			
	18. CAUSE OF DEATH [Enter only one couse pack line for (a), PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  THU DUE TO  Conditions, if ony, which gove rise to immediate cause (o), stoling the under- ying cause last.	(b), ond (c) ]	istera Hai	try Light Tra	INTERVAL BETWEEN ONSET AND DEATH			
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE COMPITION CH	PENEN PART 1(0) 19. WAS AUTOPS1 PERFORMED? YES NO			
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	V INJURY OCCURRED	). (Enter nature of injury in P	art I or Part II of item 18 )				
10000	20c TIME OF INJURY Month, Day, Year 20d INJURY OCI	while fact	CE OF INJURY (Home, form, tory, street, office bldg., etc.)		(County) (Stat			
	21 I certify that (I) (this hospital) attended the assaw the deceased alive an19_		2 3	· · ·	19 , that (I) (we) land on the date stated above			
1	22c PAYSICIAN'S NAME (Type) Dr. John R. Davis	A	ATTENDING ME PHYS DIR 22d. ADDRESS	D. STAFF ECTOR PHYS	22b DATE SIGNE 11/43/67			
	230 BURIAL, CREMATION, 236 DATE THEREOF 23c NA. REMOVAL (Specify) 11/15/67	ME OF CEMETERY OF Cathedra		23d LOCATION (City, Iown, Balto, Ma	or county) (State)			
		ress York Road	250 REC'S		STRAR'S SIGNATURE			
	THE PROPERTY OF THE PROPERTY O	TOTAL IMPORT	DATE	1 o/ EUU/	BUTCHES TO THE STREET OF THE S			

Balto., Md. 21212

may be retain (the hasp tal ar aftending physic an.) **D FUNERAL DI.**OR: After this cert ficate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remove carban pagers. Pages 1 the State Board of Hea th prior to burial, cremation, ar removal, and in any event, within 72 hours after death. TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSPITAL OR may be retain TO FUNERAL DI. VR A1S (4) 1SM 9/59





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Maryland **b. COUNTY** Baltimore MARYLAND c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b hours Beltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS A. IS RESIDENCE ON A FARM? 9506 Powderhorn Lane 24 309 E. 25th St. NO. executed within 3. NAME OF DATE Month Year First Middle Last OF DEATH DECEASED 1967 MAR NSELLA event, Y M K Ι November 21 (Type or print) AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS 5. SEX 6. COLOR OR RACE DATE OF BIRTH NEVER MARRIED 7. MARRIEO iast birthday) | Months | Days March 18, 1897 any white female WIDOWED T DIVORCED [ YYS. 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY = 11. BIRTHPLACE (County & State, or foreign country) physician n please r death certificate be housewife Galway Ireland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, James Moran Catherine Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ed by the attend transit permit. cremation, or n (Yes, no. or unkown) ((If yes give war or dates of service) 215-07-9131 Mrs. Catherine White: 9506 Powderhorn Lane-11 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH been signed by the burial-transit or to burial, crema PART I. DEATH WAS CAUSED BY: or attending physiclan. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate as the prior to I DUE TO cause (a), stating the underlying cause last CERTIFICATION WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) tacked for use a Dept. of Health p PERFORMED? ficate NO Y YES the hospital 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL (County) (State) 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. Not While After Id be d at work at work retained to NW:24 TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from 19 60 and that death occurred at lo M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENOING PHYS. DIRECTOR PHYS. M.D. FO HOSPITAL (Page 4 may 1 PHYSICIAN'S ADDRESS NAME (Type) ILUEIR NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 11/28/67. New Cathedral Cemetery Baltimore Md. burla] REGISTRAR'S SIGNATURE ADORESS 25a. REC'D BY REGISTRAR | 25b. 24. FUNERAL DIRECTOR Leonard J. Ruck, Inc: Baltimore, Md....l4 VR A15 (4) 15M 4-64



DIVISION OF STATISTICAL RESE	CERTIFICATE OF DEATH	
I. PLACE OF DEATH	12. USUAL RESIDENCE (Where deceased liv	and If incolousion Paula
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BACTIMORE	BACUMORE	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	d. STREET ADDRESS	
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3. NAME OF DECEASED	Middla Last 4. DATE OF	Month De
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To W WIDOWE	ED DIVORCED DO 12 10 10 10	yrs. Months Day
	KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore gin co	nuntry) 12. CITIZEN
deling most of working life, aven if fettrad;		C
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16	SOCIAL SECURITY NO. 17. INFORMANT	ddress
(Yes, no, or unkown) (Ifyasgivawar or datasofsarvica)	17-58- 2490 DO ROWE HARVETE 7001	AI DEN
18. CAUSE OF DEATH [Enter only one cause per		7. TIT IA
PART I. DEATH WAS CAUSED BY: 72	roncha precumenta (ternina)	1
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20a. ACCIDENT WAS UNDERLYING 20b. DE: OR CONTRIBUTING CAUSE OF DEATH O (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Part I or Part II of itam 1	18.)
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Hour s.m. While	leNot Whila factory, street, office bldg., atc.)	(County)
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		ises and on the c
228. SIGNATURE	ATTENDINGSTAFF	
Af Jenter	M.D. PHYS. DIRECTOR PHYS.	
22c. PHYSICIAN'S NAME (Type)	22d, ADDRESS	
	)	
238. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (C	ity, town or county)
Burn 1119167	Int Carmel. Balto	P
24 FUNERAL DIRECTOR'S SIGNATURE Sylvan S. Lewis L. Son, INC	ADDRESS 250. REC'D BY REGISTRAR 251	b. REGISTRAR'S SIGN



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours ofter death 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits. T TENGTH OF STAY IN 16 c CITY OR TOWN (if gutside carporate mits, write RURAL and give negrest town) WENT RIRAL and give nearest town) llimore d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 8 IS RESIDENC paper ON A FARM? Cinoul YES NO NAME OF Middle First 4. DATE Manth Day Year DECEASED OF 23 Hm 11 (Type or pant) DEATH AGE ( n years IF UNDER 1 YEAR IF JNDER 24 7 MARRIED NEVER MARRIED remove last birthday) Months Davs Hours and in any WIDOWED DIVORCED YIS gug 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) physicion ( INDUSTRY maryla 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremotion, or removal, Toseph Windel attending p 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, o upknown) (If yes give war or dates of service) 16 SOCIAL SECURITY NO INFORMANT permit. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO signed I Conditions, if any, which gave rise to immediate couse (a), DUF TO stating the underlying couse Ф last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) hos PERFORMED? maraly/10 eleus NO 20a ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s PLACE OF INJURY (Home, form, (City or town) (Caunty) (State) Hour ta.m. Nat While factory, street, office bldg., etc.) ATTENDING 21. I certify that (1) (this haspital) attended the deceased from 12-29 11-23-, 1967, that (i) (we) last 1960 11-23 - 1967, and that death occurred at 2 7 M, from causes and on the date stated above. saw the deceased alive an\_ 22a SIGNATURE 226 DATE S GNED **ATTENDING PHYS** 22d. ADDRESS 22c PHYSICIAN'S RONALD M. SMEETS director, po NAME (Type) 23d LOCAJION (City or Town) 23o BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY (County) Maryland ross 0 EUMERAL DIRECTOR of Ruck Inc 5305 Harford Rd 25a RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15576 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours ofter death USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY o COUNTY BALTIMORE b. CITY OR TOWN (If outside corporate fimits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD, MARYLAND BALTIMORE 21224 25 DAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 3246 E. BALTIMORE STREET VETERANS ADMINISTRATION HOSPITAL YES NO X NAME OF Middle 4 DATE First DECEASED (Type or print) 19 67 WALTER KOHLER NOVEMBER DEATH 9. AGE (In years B. DATE OF BIRTH 6. COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) DI VODIVORCED X JANUARY 12,1916 WHITTE MALE 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) INDUSTRY HARRISBURG, PENNSYLVANIA WAREHOUSEMAN 13. FATHER'S NAME WAREHOUSE 14. MOTHER'S MAIDEN NAME ANNA HUGHES CHARLES E. KOHLER 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) 172 O1 55 39 CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c))
PART ! DEATH WAS CAUSED BY
CARCINOMA INTERVAL BETWEEN CARCINOMA OF LUNG WITH METASTASES signed by 1 IMMEDIATE CAUSE (6) DUF TO Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stating the underlying couse 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of njury in Port I or Port II of tem 1B) 200 ACCIDENT WAS JNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. 20d INJURY OCCURRED Not While foctory, street, office bldg., etc ] ot work 21. I certify that () (this haspital) attended the deceased fram 11/5/67 saw the deceased alive an 11/30/67 19 , and that death accurate \_\_\_, that (PC(we) last TO FUNERAL DIRECTOR: A be retoined , and that death accurred at 10:40ANom causes and an the date stated above. 22b. DATE SIGNED 220 S GNATURE 11/30/67 director, page 3 Abould be filed v M.D 22d ADDRESS JOHN D. TALBERT, M. D. VAH FORT HOWARD, MARYLAND 23d LOCATION (City or Town) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) BUR AL, CREMATION, BALTIMORE NATIONAL BALTIMORE, MARYLAND 24. FUNERAL DIRECTOR ZANNINO FUNERAL HOME 257 S. CONKLING ST. BALTIMORE. MD



male of the same

24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplinely filled in by the director, page 3 should be detacned for use as the burial-transit permit. Then please remave carbon-papers. Pages anauld be filed with the State Dept of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with The

**O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

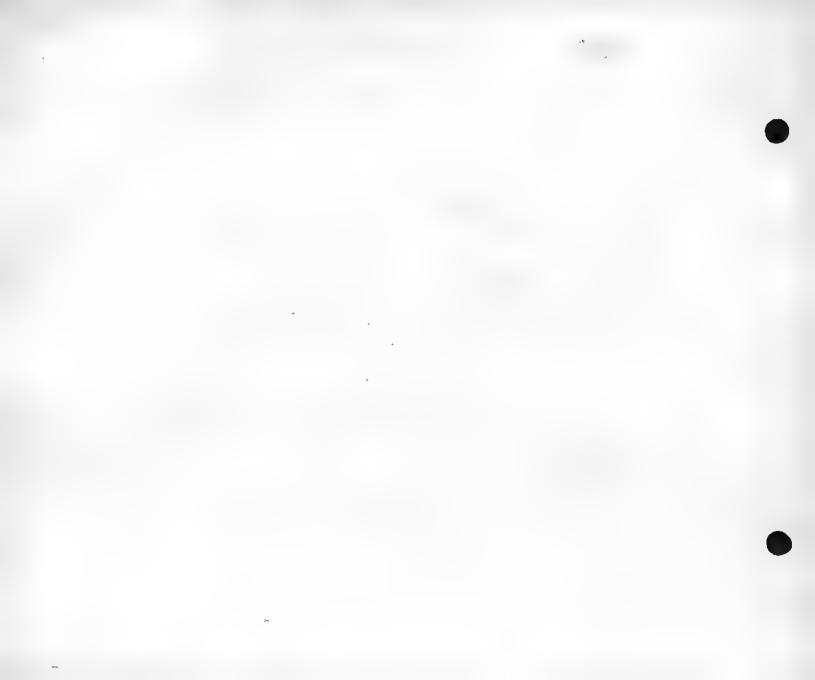
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CENTIFICATE OF DEATH

35000

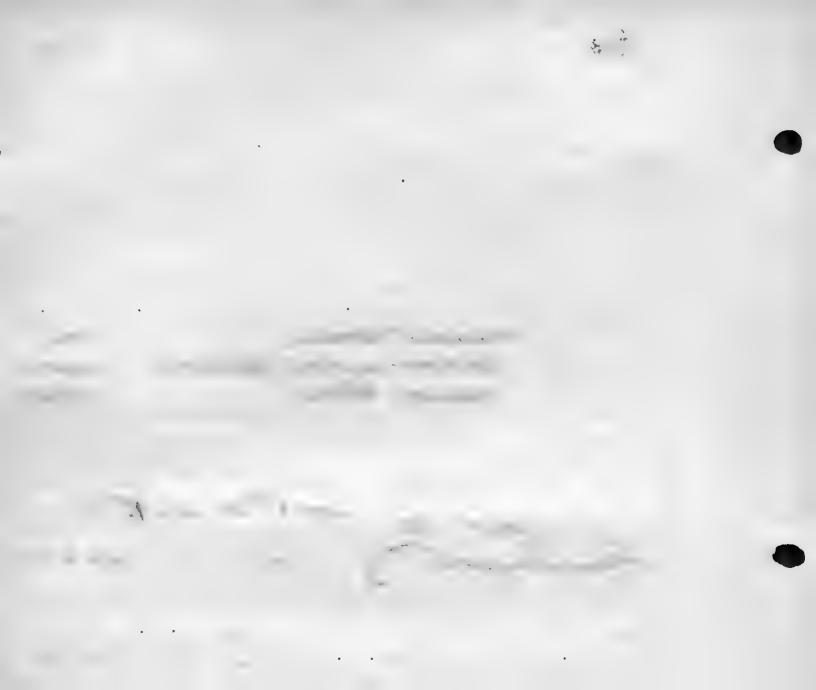
	2. 000		CERTII	TCATE	OF DEATH			4.4	2007
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C	341 Whitfi	ISTITUTION (If not in has	pital, give street address)		d. STREET AODRESS  341 Whit	field	Rd.		8 IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED / Type or print)	John Cha	Middle rles	Ko	lost	4 DATE OF DEATH	Month November	er 4	167
5 5			RRIED NEVER MARRIE OWED DIVORCE	_ [_]	8/19/99	9.	AGE (In years last birthday) OS yrs	Months Do	
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13.	FATHER'S NAME Charle	s Korter			14 MOTHER'S MAIDEN I	wame ica Baw	Jer		
15. (Ye:	WAS DECEASED EVER IN U.S. s, no, or unknown) (If yes g yes	ARMED FORCES? IVE was or dates of service	16. SOCIAL SECURITY NO.	17 1.3	NFORMANT Char 41 Whitfiel	les Ko:	rter Addre	SS	
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	21. 1 certify that (1) (this hearital) attended the deceased fram 1965, 19, to how f, 1967, that (1) (we) las sow the deceased alive an 922-67 19, and that death accurred at 704M, from causes and on the date stated obave								
	220 SIGNATURE  22c PHYSICIANS	Rua ho	uly of	М.С	22d ADDRESS	MED DIRECTOR C	STAFF PHYS	22b. DATE S	IGNED 1-67
	NAME (Typl)	John A. Ne			1 1009		rick Rd		
	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF 11/7/67			Cem.	p.l.	TION (City or Tov	rid.	unty) (State)
24.	FUNERAL DIRECTOR	2	ADDRESS				Office (M	GISTRAR 5 SIGNA	TURE
	Witzke Fu	neral Dir.	4101 Edmonds	on Av	a. DATNO	V 6 - 1	9 <b>67</b> P1. //	marcing	A CONTRACTOR OF THE PARTY OF TH







DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY L. COUNTY MARYLAND b. CITY OR TOWN (it outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) **Baltimore** Pages Baltimore d. NAME OF HOSPITAL OR INSTITUTION Lif not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE E, Joupa ON A FARM? Charles NO T 3. NAME OF 4. DATE Middle DECEASED (Type or print) DEATH Movember Ervi n within Krall 19 5. SEX B. DATE OF BIRTH AGE (In years HF UNDER 1 YEAR : IF UNDER 24 HRS and carbo 7. MARRIED A NEVER MARRIED last birthday) event, Months death certificate WIDOWED [ DIVORCED physician гетоме 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if ratired) Owner Trucking Pennsvlvania 5 please and in a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending John Krali Then removal 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.I 17. INFORMANT Address (Yes, no, or unkown) | (If yas giva war or datas of sarvica signed by the physician. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN 5 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, burial-transit affending PLE DECUSITUS Conditions, if any, which gave risa to immadiate cause DUE TO (a), stating the undarlying the the hospital or causa last. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 35 0 CERTIFICATION PERFORMED? **⊟Se** prior NO for 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18-) After this Health OR CONTRIBUTING CAUSE OF DEATH detached be retained by MEDICAL 20d, INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year ō factory, streat, office bldg., atc.) While Not While Hour a.m. DIRECTOR: at work at work 19 21. I certify that (I) (this hospital) attended the deceased from... I, and that death occurred at ......M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURI 22b. DATE ATTENDING MED. STAFF HOSPITAL. PUNERAL page with # PHYS. DIRECTOR PHYS. Page M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) ector, filed loszkowski Park 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Jown or county Dig. REMOVAL (Spacify) uria Loudon Parls 25m. REC'D BY REGISTRAR ADDRESS 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 2.1 . 130 ... **VR A15** 20M 5-63



the funeral ages 1 and 2 rs after death.

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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

VR A15 (4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely ful director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban is shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15057

## CERTIFICATE OF DEATH

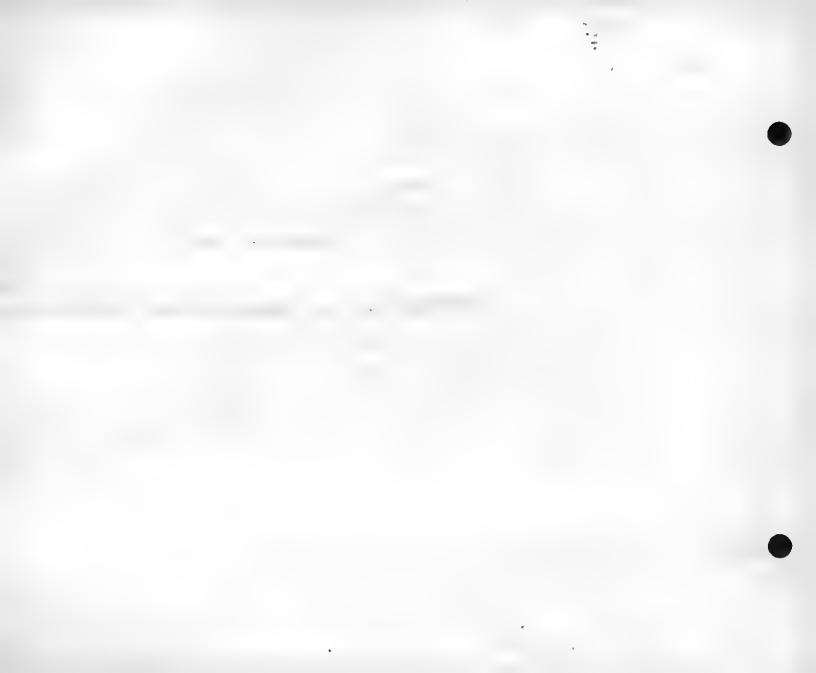
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	write RURAL on	give neorest town)	,	25 BAYS		l		s, write KUKAL	and give n	earest town)	
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	3 NAME OF First NATHANIEI (Type or print)		IEL	P		LADSON	OF DEATH	NOVEM		<b>25</b> 19	67
1	S SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH			UNDER 1 YE	AR IF UNDE	R 24 HRS
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		(Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY		11 BIRTHPLACE (County	& Stote, or foreign co	untry)	12 CITIZE	N OF WHA?	
L	BRICKLAYER CONSTRUCTION				SHULVILLE, S.C. U.S.					.A.	
1	3. FATHER'S NAME				14. MOTHER'S MAIDEN NAME						
-	UNKNOW	LA	Mariah Ladson								
1	(Yes <u>. no. or</u> unknown)	WAS DECEASED EVER IN U.S. ARMED FORCES?  16 SOCIAL SECURITY NO 17. INFORMANT  Address es, no. or unknown) (If yes give war or dates of service) 2.4.7. 2.0. E.O. O.O. CT. TATECOL. DECORDS. TALL DOORS.									
Ļ	IRS	es, no. of unknown) (It yes give word dates of service) 247 20 50 02 CLINICAL RECORDS VAH FORT HOWARD, MD									
Т	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART   DEATH WAS CAUSED BY									INTERVAL BE	
1	1512	IMMEDIATE CAUSE (0) THA LINU LITETION AND TRAIDING TON									
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1	9 /	n. 19	While of work								
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ı	220 S GNATURE ATTENDING MED STAFF 226 DAT										
	22c PHYSiCIAN S	The physicians Director Direct									
NAME (Type) RICHARD R. STEPHENSON VA HOSPITAL							TAL FORT	HOWAR	D, M	D	
	230 BURIAL CREMATIC		REOF	23c NAME OF CEME	TERY OR	CREMATORY	23d LOCATION	(City or Town)	(Co	unty) (t	itote)
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	24 FUNERAL DIRECTO		्या ।	-E. OLIVER	ST.		BY REGISTRAR	256 REGIST	rar s sign		
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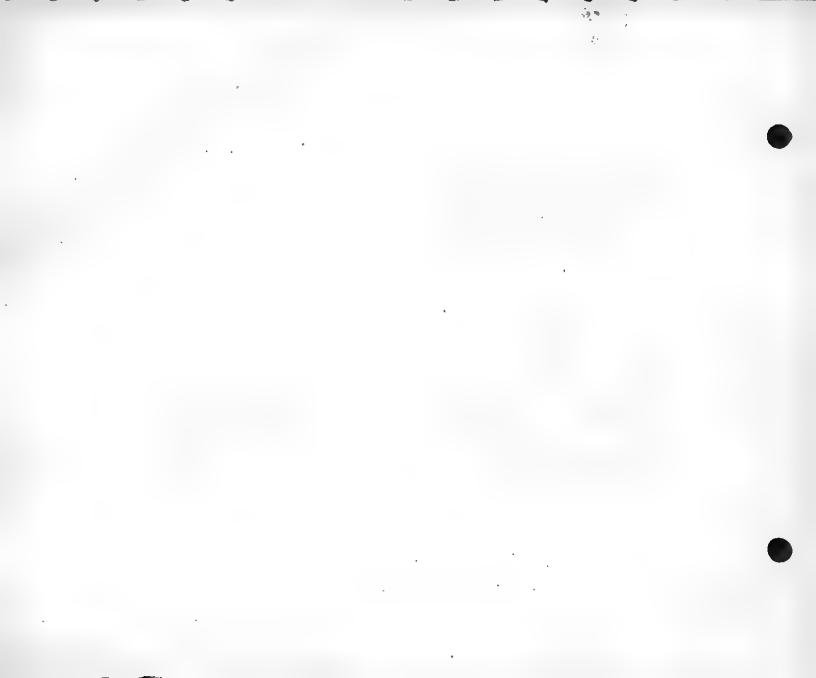
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15005 CERTIFICATE OF DEATH death PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, funstitution Residence before admission) a. COUNTY a. STATE b. COUNTY ( I -) / -/ BALTIMORE MARYLAND b CTY OR TOWN (If autside corporate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town) RANDALLSTOWN d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? BALTIMORE COUNTY GENERAL HOSPITAL 8410 ALLENSWOOD ROAD ] NO [ 3 NAME OF Middle 4 DATE Month DECEASED FLORINE LAFFERMAN DEATH NOVEMBER (Type or print) 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years IF LINDER 24 HRS last birthday) 7/27/31 FEMALE WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during mast at working life, even if retired) INDUSTRY GOVERNMENT BALTIMORE. MARYLAND 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME LOUIS TAMRES DORA KARSH 15 WAS DECEASED EVER A U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknawn) (If yes give war ar dates of service) 218-28-4248 MR. HERBERT LAFFERMAN. 8410 ALLENSWOOD ROAD 18. CAUSE OF DEATH (Enter only one cause per line fat (a), (b) and (c).) INTERVAL BETWEEN PART 1 DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Hours DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause certificate has been PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? NO þ 200 ACC, DENT WAS UNDER, YING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of Item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc TIME OF INJURY Manth, Doy, Year 20a INJURY OCCURRED 2De PLACE OF INJURY (Hame, farm, (City or town) (State) (County) Hour om. factory, street, affice bldg , etc.) >21. I certify the (1) (this hospital) ottended the deceased from 1963; to 1/23, 1967, that (1) (we) lost sow the deceased alive on 8/29 1967, and that death occurred at 8/2M, from causes and on the date stated above. 220 SIGNATURE 22b DATE SIGNED DIRECTOR M.D. 22d ADDRESS 22c PHYSICIAN'S NAME (Type) MORTON J. ELLIN 8629 LIBERTY ROAD director, should b 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION (County) MARYLAND ANSHE EMUNAH AITZ CHAIM BALTIMORE. 11-26-67 250. REC'D BY REGISTRAR 24 FLINERA, DIRECTOR LEVINSON & BROS. INC., 6010 REISTERSTOWN ROAD



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15807 15610 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE COUNTY MARYLAND by the 5 CITY OR TOWN (If aufside corporate imits c LENGTH OF STAY N 16 ( CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Reisterstown Catonsy d NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS B IS RESIDENCE ON A FARM? Chors 17n West MINSTER NO 🔀 YES 3 NAME OF First Last DATE Doy Year DECEASED OF and in any event (Type or pnnt) DEATH DUISE 5 SEX 9. AGE (In years IF JNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** B. DATE OF BIRTH remave last birthdoy) Months Doys Haurs WIDOWED DIVORCED and 10g JSUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10h KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) ease COUNTRY? CArroll Co. bousewif 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, crematian, ar remaval, IS WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT permit. (Yes, no, or unknown) (If yes give war or dates at service INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p PART I, DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) P 100 -Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rse ta mmediate cause (a). DUE TO stating the underlying cause as the last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO WAS AUTOPS has CERTIFICATION PERFORMED? YES NO certificate 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part I of ifem 18) 20o ACCIDENT WAS JNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f (Cty or town) (County) (State) Nat While Haur am. factory, street, office bldg., etc.) at wark at wark 21. I certify that (1) (this hospital) ottended the deceased from , 19\_\_\_ , that 🕡 (we) last TO FUNERAL DIRECTOR: After director, page 3 shauld be shauld be filed with the Si fa. 19 47, and that death occurred at 205 AM, from causes and an the date stated above. saw the deceased alive an 220 SIGNATURE 22b DATES GNED M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL, CREMATION. (County) (State) REMOVAL (Specify) Nov. 22, 1967 Evergreen Mem. Gerdens Finksbufg, Meryland
Address | 250 RECD BY REGISTRAR | 25b. REGISTRARS SIGNATURE Burial 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Owings Mills. Md.



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	ARYLAND
1.	15008 CERTIFICATE OF DEATH	11
1.	PLACE DF DEATH a. GOUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution; Res	idence before admission)
	Baltimore MARYLAND Md.	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	nd give nearest town)
_	Towson 2wks Baltimore	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	6. IS RESIDENCE ON A FARM?
-	GREATER BALTIMORE MEDICAL CENTER   .4210 Overton Avenue 21236	YES NO X
3.	DECEASED	Day Year
5.	SEX 16. COLOR OR RACE I AMADDIST IN MADDIST I S. DATE OF RIGHT	13 19 67 YEAR HE UNDER 24 HRS.
	last birthday) Months   D	ays Hours Min.
1D	a ISSIAI DECLIPATION/Give kind of work done   10h KIND OF BUSINESS OR   17 DID TUD AND COMMON OF STATE OF THE PROPERTY OF THE	IZEN OF WHAT
""	ring most of working life, even if retired) Pipefitter Coast Guard Pipefitter Coast Guard Pipefitter	U.S.A.
13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	Unknown Teitkowski Unknown	
15 (Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
_	Yes   1934-1936   213-07-4646   Mrs Frances J. Leitkowski 4210 Ox	verton Avenu
	18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:   Brain metastasis and pneumonia	
	Cenditions, If any, which \ Cancer of lung	
	gave rise to immediate (1)	year
	cause (a), stating the DUE TO underlying cause last. (c)	
Noi	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
FICA		YES NO
CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	2Dc. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   2De. PLACE OF INJURY (Home, farm,   2Df. (City or town)   Hour a.m.   While Not While   Not While   State   Not While   Not	(State)
ĭ₩	p.m. 19 at work [_]	
	21. I certify that (I) (this hospital) attended the deceased from 9/22, 1967, to 11/13, 19.67 saw the deceased alive on 11/13, 19.67, and that death occurred at 9:30aM, from the causes and on the	L, that (I) (we) last
	saw the deceased and but the causes are caused the causes and but the causes are caused the	
	ATTIVITUACION M.D. ATTENDING MED. STAFF PHYS. 11/1	3/67
MEDICAL CERTIFICATION 132	22c. PHYSICIAN'S NAME (Type)	
	Rydiger Breitenecker, M. D.   Greater Baltimore Medical C	
238	REMOVAL (Specify)	
24	Burial   11-16-1967   Baltimore Nat'l Cemetery   Baltimore   FUNERAL DIRECTOR   ADDRESS   2/4   25a. REG'D BY REGISTRAR   25b. REGISTRAR'S	Md.
	Lassahn Finned Home 2701 Below Rd part OV 15 1967 Cliarles	
150	assamman for 101 Delan Millian Millian In 1001	1





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FOR STATE		10000	WED	ICAL EXAM	MER'S CE	(TIPICATE	of Death	1	15000
EALTH DEPT.		LACE O. DEATH		~	2 บรบ	AL RESIDENCE Wh	arm deces ad ived [f	institutions Residen	nce batore adir suon
8 -5	8.	COUNTY BA	250		a. 5T		b, cou		
1 t/	ь	CITY OR TOWN (four	side comprets limits	c LENGTH OF ST	ZLAND	TY O TOWN I I SHOW		4-270	
F F		write RURAL and give	nearest town)		AT INTE	TY O. TOWN ( I outsid	co porate timits, wri	e KUKAL and give	nearast town)
your your your your your your your your		-T & u	1504	hour		1.11.10/11	0107		1
4 6 6	d.	NAME OF HOSPITAL	- 0 11	in hospital, give street edo	ress) d S1	REET ADDRESS			e. IS RESIDENCE
Ter Ter		ST 10:	seih in	ひらりっかし	10	Yorkview Dr	~		YES NOVE
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the the		ypa or print)	BERT	EDWAR	DS 46	E SR DE	ATH NO	V. 30	0 1067
25 E E	5 SI	EX 6.	COLOR OR RACE 7. A	ARRIED X NEVER MARRI	ED B DATE OF	BIRTH	19 AGE (In years	IF UNDER TYEAR	IF UNDER 24 HRS
ma Z x n 7	Ma	ale		DOWED DIVORC		1/1 1006	last birthday)	Months Days	Hours Min
1 2 2 m		USUAL OCCUPATION		IDE KIND OF BUS NESS O	RINDLISTRY II BIR	14, 1906	61 yrs	112 (17175)	I DE WHAT COUNTRY
w age	done	during most of working	lifa, avan if retirad)			The Extrem (Shelle of Total)	gr coarny)	1 12. CHIZEN	OF WHAT COUNTRY
. P		ant Operato	<u>-</u>	H.T. Campbe			/land	U.S.A	L.
M3 Pag	13. 1				14. MOT	HER'S MAIDEN NAME			
an Sign		Wm. K. Lee			E1	izabeth Tuc	cker		
2. T. T.		VAS DECEASED EVER IN no, or unkown)   (Ifyas			O 17. INFORMA	NT	Addres	5	
T T T T T T T T T T T T T T T T T T T	No			218-32-0868	Mrs. An	na Virginia	1.ee 10 V	arkwiew D	n 21003
at a de la	1 1	8. CAUSE OF DEAT	TH [Enter only one caus	a par lina for (a), (b) and	(c) ]			I IN	TERVAL BETWEEN
il ir		PART DEATH WA	AS CAUSED BY; EDIATE CAUSE (a)	MYOCAR	112 /N	FARCOTA	0 10	01	NSET AND DEATH
e a a li-tra		42:1							
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a Colo		Conditions, if any, w gavairise to immediate o	ausa						
din	(	a), stating the under	DATE TO						
sed sed		cause last.	(c)						
	CATION	PART II. OTHER SIG	NIF CANT CONDITION	S CONTRIBUTING TO DEA	TH BUT NOT RELATED	TO THE TERMINAL DISI	EASE CONDITION GI	VEN IN PART 1(a )	19. WAS AUTOPSY PERFORMED?
d b	3								YES NO
Ned Ned		DB. EXTERNAL CAUSE	WAS ZDb.	DESCRIBE HOW INJURY O	CCURED. (Enter natura	of injury in Part I or Par	rt II of item 18.)		
2 × × × ×		AUSE OF DEATH.							
Parit de la	MEDICAL	DE. TIME OF HJURY	Month, Day, Yalar	2Dd NJURY OCCURRED			(City or town)	(County)	(State)
Pa Pa	AEDI	Hour a.m.	19	While Not While	factory, streat,	offica bldg., atc.)			
Cate OR:		p.m.		e remains described a	baya hald an Au	Inney 🔲 Innes	tion Inqui		
	1 1			_///					I in my opinion
a page	'	death resulted from	Natural causes	Aggdeni L	Surcide,	Homicide,	Undetermined n	nanner	
rwar DIR Jesigr		h	1.1	- Luch	C	HIEF MEDICAL EXAMINI	ER [_]		
	8	SIGNATURE //	uller	- norma	MD. A	SSISTANT MEDICAL EX	AMINER .	1	DATE SIGNED
should be FUNERAL	2	EXAMINER'S 6/	11 4 som	A D.		EPUTY MEDICAL EXAM		111	71/17
Se ex se ex ex ex ex ex ex ex ex ex ex ex ex ex e	1	NAME (Typa)	LL LINITH .	1. 162381		ddress (Straet, c N 18w	n or county)	111	30/0/
(0) " (0) (1)		REMOVAL Specify	226 DATE THEREOF	22c NAME OF CE	METHY OR CREMATO	'RY ' 22d. Li	OCATION (City, town	or country)	(State)
F 4 5 F		Burial	12/4/67	Teggon	Cemetery	Co	ckeysville	.Md.	
R A15ME	23.	FUNERAL DIRECTOR	12/1/0/	ADDRESS	o can clearly	24a REC'D BY RE	G STRAR 24b. REC	SISTRAR S SIGNAT	URF
M 1/62	T 7	(7 - 1- Dec 1		000 77-1-53	01000	ו משתו	1967 00	Landa a	er selection to
A	wm.	COOK-BLOO	ka Lomaou 1	050 York Rd.	21204	פ אשתייי	1961		0



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15013 CERTIFICATE OF DEATH The Jow requires that the death certificote be executed within 24 <u>bours</u> after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission o COUNTY BALTIMORE o. STATE MARYLAND CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BAKTIMORE CATONSVILLE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d. STREET ADDRESS ON A FARM N. WODDINGTON NORSING HOME NOOK NO N pgu 3 NAME OF 4. DATE Year ond completely remove corban DECEASED LEONARS. and in ony event, (Type or print) DEATH IF JNDER DATE OF BIRTH AGE (In years NEVER MARRIED lost birthdoy) FEB.20,1888 10o. USUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remova LEONARD WILLIAM IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMAN (Yes, no, or unknown) (If yes give wor or dotes of service 05-05-3017 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO Z 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port or Port II of item 18) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MED CAL 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (Ety or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year Hour a,m. foctory, street, office bldg., etc.) Not While June 20 19 03. to hor 19, 1967, that (1) (wo) last 21 (certify that (1) (this term) attended the deceased fram 1967, and that death accurred at 145 AM, fram causes and an the date stated above saw the deceased glive an work 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 1009 Frederick Road John A. Nesbitt, Jr., Q.D. director, should b O FUIII 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d LGCATION (City or Town). (Stote) 230 BURIAL CREMATION, 256 REGISTRAR'S SIGNATURE 250. REC D BY REGISTRAR VR A15 (4)



15811

CERTIFICATE OF DEATH

1 PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived if institution Residence before odmission)						
o. COUNTY Baltimore MARYLAND	o. STATE Maryland b. COUNTY Baltings						
b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b	c CITY, OR TOWN (If autside carparate limits, write RURAL and give nearest town)						
write RURAL and give negrest town)	Baltimore						
Mount Wilson 9 Augs							
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Mount Wolson State Hospital	2814 Christipher And Gerslence						
3 NAME OF 1/ Frst Middle	Lost 4 DATE Month Doy Year						
OFFICE OF STATE OF THE STATE OF	_EONARD   OF DEATH 1/ 18 1967						
6. COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH  2.15. 18 99  German Service						
00 USUAL OCCUPATION (Give kind of work done during most of working tire, even if retired)  WOUSTRY  Security Of P	Deal Sland, Maryland 12. CITIZEN OF WHAT COUNTRY? USA						
WALTER C. LEONARD	14 MOTHERS MAIDEN NAME CYNTHIA WINDSOR						
	7. INFORMANT Address						
(Yes, no, or unknown) (If yes give wor or dotes of service)	Mount Wilson State Hospital records						
IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	INTERVAL BETWEEN						
PART 1. DEATH WAS CAUSED BY	ONSET AND DEATH						
, IMMEDIATE GROSE (G)	accounting university						
Conditions, if ony, which gave )	U						
rise to immediate rouse (a)							
stoting the underlying couse DUE TO							
last (c)							
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO ACCIDENT WAS UNDERLYING \( \text{Lower} \) \( \te	TO THE TERMINAL DISEASE COND FION GIVEN IN PART I(o)  19 WAS ALTOPSY PERFORMED? YES [7] NO						
OR CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTION CON	D. (Enter noture of injury in Port I or Port II of item 18.)						
	PLACE OF INJURY (Home, form, foctory, street, affice bldg., etc.)  20f (City or town) (County) (State)						
21. I certify that (1) (this haspital) attended the deceased from 11 9 , 19 07, ta 11 - 18 , 19 07, that (1) (we) las							
saw the deceased alive an 11-(X 1967, and that deoth occurred at 6, 30 M, from causes and on the date stated above							
22g. SIGNATURE	AM 22b DATE SIGNED						
MD PHYS DIRECTOR DIRECTOR DIPHYS DI							
22c, PHYSICIAN'S 22d ADDRESS							
	Mount Wilson, Maryland						
230 BURIAL CREMATION, 236 DATE THEREOF 236 NAME OF CEMETERY  REMOVALISPECTY // 20-1967 ST. JOHN	OR CREMATORY 23d LOGATION (City or Jown) (County) (Stote)  S CEMETERY Level Som Mes						
24 FUNERADDIRECTOR ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE						
Levon Myelster Princess an							

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled-indirector, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papegs, should be filed with the State Dept. at Health prior to burial, cremation, ar removal, and in any event, within 72 h Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67



ı	1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1. MARYLAND
1			15012 CERTIFICATE OF DEATH	150:5
	after death.  the funeral ges 1 and 2 after death.	1.	PLACE OF DEATH  a. COUNTY  b. COUNTY  b. COUNTY	tion: Residence before admission)
	after y the f ges 1 s after	1	BALTIMORE MARYLAND PA.	V
		ľ	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	RAL and give nearest town)
_	3 5-2	_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
	公 皇皇子	6	REATER BALTIMORE MED-CENTER 451 E. HAMILTON	A VE YES NO
	· 是人会 5厘	3.	NAME OF First Middle Last 4. DATE Month	Day Year
	d w car car ent,		(Type or print) EUGENIA NMN LESTER DEATH NOV.	22 19 67
	s executed within ian and completely, ian and completely, se remove carband in any event, with	a.	J. MARKIED IV I NEVER MARKIED I	IN DER 1 YEAR IF UNDER 24 HRS.  nths Days Hours Min.
		10a dui	USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR liberation (Give kind of working life, even if retired) INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
	ate hysic	13	FATHER'S NAME	11.5.4.
	requires that the death certificate be ding physician. Been signed by the attending physician the burial-transit permit. Then please or to burial, cremation, or removal, and i.		Thought It Date and I !! " Road	5025
	h ce tendi		. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address s, no, or unjown) (If yes give war or dates of service)	-10 LLA
	deat le at pern jon,		No 188-36-5 926 John Campell Lesten -45	Elfanic/Ten'e
	the yy th nsit		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	hat ician led t i-trai		IMMEDIATE CAUSE (a) ADIATION FINCUITY	
	physi sign suria buria		Conditions, If any, which   RRADIATION THERAPY	
	The law requires that the car attending physician, sate as been signed by to use as the burial-transit salth prior to burial, crement		gave rise to immediate ( cause (a), stating the DUE TO COLLEGATORIC CELL.	ng.
	¥ ea S Si	20	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	IT 1(a) (19. WAS AUTOPSY
		ICATI		PERFORMED? YES NO
	PHYSICIAN: The la the hospital or att r this certificate h detached for use te Dept. of Health	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of 1t OR CONTRIBUTING   CAUSE OF DEATH	em 18.)
	YSIC b hos his c tachi		(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month. Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm.) 20f. (City or town)	(County) (State)
	oling PH of by th After th d be de State I	MEDICAL	Hour a.m.  While Not While factory, street, office bidg., etc.)  at work at work	(
			21. I certify that (I) (this hospital) attended the deceased from 1/-/4-67.19 , to 1/- >>-6	that (I) (we) last
	ATTENDI retained ECTOR: A 3 should with the		saw the deceased alive on $4/22$ 19 6 7, and that death occurred at 1/3 9M, from the causes and	d on the date stated above.
	OR ATTENDING I be retained by ORECTOR: After ge 3 should be led with the State		223 SIGNATURE  A. Claurdo Canilara M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	11/22/67
			22c. PHYSICIAN'S NAME (Type) DR. EDWARDO CANILANG  22d. ADDRESS	
	Page 4 ms O FUNERAL director, E should be	23.		or county) /(State)
	5 5 5 5 5 C	238	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town REMOVAL (Specify) 11/74/67 Naval Academy Lem Annabalis	Mal
	AR	24	FUNERAL DIRECTOR / ADDRESS / ADDRESS / 25a. REC'D BY REGISTRAR / 25b. REGI	
	VR #15 (4)	10	Um & Trekver Sons Balte, Md. DANOV 29 1967 Jelle	arles judge.
			1	D -



1501 E. Fort Ave

Baltimore, Md.

24. FUNERAL DIRECTOR

Stevens Funeral Home

VR A15 (4) 25M 1/67

250 REC'D BY REGISTRAR

DATDEC



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15017 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours ofter death I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) the funerol o. COUNTY Baltimore 6 COUNTY Maryland ond in ony event, within 72 hoers ofter MARYLAND filled in by The b CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town) 8vr5mthldvs Baltimore Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 1632 RUXTON AVENUE S RESIDENCE ON A FARM? STATE HOSPITAL SPRI VG G ROVE YES NO [ carban 3 NAME OF Middle 4 DATE Frst Month Lost Doy Year completely DECEASED Levin Sarah 19 67 November (Type or print) DEATH IF UNDER 1 YEAR 5 SEX 6 COLOR OR RACE B DATE OF BIRTH 9 AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED гетоуе Sat birthdoy) Months Doys HUNEX 28XXX9XX female white WIDOWED K DIVORCED 10a USUAL OCCUPATION (Give kind of work done during mast at warking life, eyen if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, at foreign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? pleose physicion Maryland BALTIMORE housewife 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME cremation, or removol, en. KOENIGSBERG David GLASSNER 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, n.g., ar unknawn) (If yes give war ar dates of service) 17, INFORMANT 16. SOCIAL SECURITY NO. 216-07-356] 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c) INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (0) 4-12. DUE TO buriol, ioscleratio Cardiovasc. desease. Conditions, if ony, which gave nse to immediate couse (o), DUE TO stating the underlying couse last. 19 WAS AUTOPS)
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 8 YES NO CERTIFICAT 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B) detached f OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (Caunty) (State) MEDI Hour a.m. foctory, street, office bldg., etc.) Not While at work 21. I certify that \*\*) (this haspital) attended the deceased fram June 1967, that (I) (we) last O HOSPITAL OR ATTEND Page 4 may be retained and that death accurred at 335 M, from causes and an the date stated above O FUNERAL DIRECTOR: saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR poge 3 e filed PHYS STATE HOSPITAL 22c. PHYSICIAN'S 22d ADDRESS GROVE director, po should be f NAME (Type) Baltimore, Maryland 21228 23d LOCATION (City or Town) BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) 11-16-67 HEBREW YOUNG MENS BALTIMORE, MARYLAND 24 FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE ADDRESS 2So RECD BY REGISTRAR VR A15 (4) BROS. INC. 6010 REISTERSTOWN ROAD 25M 1/67



MARTEAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

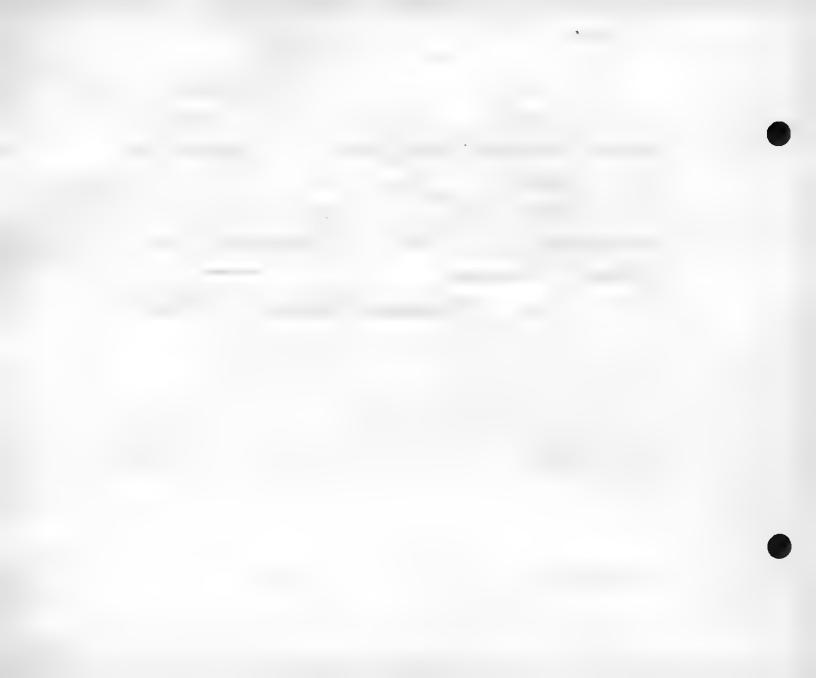
- TOOTO CEKINICA	IE OF DEATH
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased kived, if institution; Residence before admission)
E. COUNTY MARYLAND	a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporale limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
write RURAL and give neerest town; RANDALLSTOWN	BAltimore C.
d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d STREET ADDRESS   o. IS RESIDENCE
Baltimore County beneral	2914 Sm. th Ave YES NO XX
3. NAME OF First / Middle	Last 4. DATE Month Dey Year
(Type or print) 50/0mon NmI	Levin DEATH 1/ 9 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE WHITE WIDOWED DIVORCED	Sast birthdeyl Months Deys Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
BARBER SELF ENPLOYED	RUSSIA U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
LINKNOWN	LEAH ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (Ifyesgivewerordetesofservice) 212-30-8785 MR.	BERNARD LEVIN, 617 LEAFYDALE TEPR. #8
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE 10)  Blood chapter monia	ONSET AND DEATH
	To a second
DUE TO	1. I de Profesionales
	- Scon excestasse . Julimmy to ofly sema
(e), steting the underlying DUE TO	
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PART II OTHER S GN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTOPSY PERFORMED?
3 Meleres clubbe Heart Jiscones	Pulmo nary EPENCA YES NO [
PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO LITTLE SCALE TO SC	D. (Enter reture of injury in Pert 1 or Pert II of Item 18 )
ZDc. TIME OF INJURY Month, Dey, Year   2Dd. INJURY OCCURRED   2De. PL	ACE OF INJURY (Home, ferm, † 20f. (City or town) (County) (State)
	clary, street, office bldg., etc.)
, , , , , , , , , , , , , , , , , , ,	11/2 19.67 to
21. E Certify mar (i) (mis mospiral) altended me deceased from	t death occured at 2.4M, from the causes and on the date stated above.
saw the deceased alive on	r death occured arg
Mondel	ATTENDING MED. STAFF SIGNED
22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS.
NAME (Type) IS ABELITA Y. CORDOBA	Balto County General
230. BUR.AL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (C ty, 15mn or county) (Stele)
BURIAL Specify 11-10-67 WORKMENS CIR	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRARY 160. RESTSTRAR'S, SIGNATURE LOS
SOL LEVINSON & BROS. INC. 6010 REISTERSTO	WIN ROAD DATE NOV 13 1981 GOODEN
FOR PRATISON & DVOSTIACE DATA VETSLEVOLO	MIA MAIN INGE

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1	MARYLAND STATE DEPARTMENT OF HEALTH  Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	1501\$5,# RISOS 8335 CERTIFICATE OF DEATH
at of the	I, PLACE OF DEATH.    2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
24 haurs after death each by the funeral papers Pages Carry 72 haurs (fine death	o. COUNTY Baltimare MARYLAND O. STATE Mil & COUNTY Bullingie
the safe	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)
heurs in by the Page Page Page Page Page Page Page Pag	d NAME OF HOSPITAL OR INSTITUTION (15 not ny gaspital, give street address)  d. STREET APPRESS  e IS RESIDENCE
42 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	3 Sunnybing Arine 3 Sunnybing Arine YES NO
with Age	3 NAME OF DECEASED (Type or print) RDLPH S. LEWIS DEATH 1967
icate le executed within 24 hi siscian and completely filled in please remave carbampapels I, and in any event; within 72 h	S SEX 6. COLOR OR RACE 7 MARRIED 8. DATE OF BIRTH 9 AGE (n ears IF UNDER 24 HRS
≡x≡c nd co emav any e	(M) WIDOWED X DIVORCED [] Man 11,1862 83 yis
e lle an ar ase r ndin	100. USJAL OCCJPATION (G.ve kind of work done during most of working life, eyen if retired)  10b KIND OF BUSINESS OR INDUSTRY  CONVEY
ertificate    physician   physician   please   p	13. FATHER SNAME
ng pl	15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16 SOCIAL SECURITY NO. [17 INFORMANT] Address
ne dinath cer ottending p permit. The	(Yes, na, ar unknown) (If yes give war or dates of service) R15-05-833 Lewille Show - above
	IB. CAUSE OF DEATH (Enter only one cause per line for(a), (b) and (b)) PART I. DEATH WAS CAUSED BY:  NSEL AND DEATH
equires that the physician. signed by the burial-transit burial, cremat	IMMEDIATE CAUSE (o)  DUE TO
quires shysic ignec ignec ourial	Conditions, if ony, which gove is to immediate course (o),
law red nding p been s s the b rar to b	stating the underlying cause last.  DUE TO  (c)
AN: The law requires that are attending physician, icate has been signed by far use as the burial-traited the area to burial, cre	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PERFORMED? YES NO  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION OF CONTRIBUTIO
三点注言を	
PH' he h this effected Dep	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While at work
= = = = = =	21   certify that (1) (this haspital) attended the deceased from 2 - 1 to 1 - 1967, that (1) (we) la
OR ATTENDIN be retained by DIRECTOR: After ge 3 should be led with the Sta	saw the deceased alive an the date stated abov 220. SIGNATURE 22b. DATESIGNED
<b>~</b> = H <sub>m</sub> ≥	M.D. ATTENDING TO MED DIRECTOR DIAPPHYS DIPLECTOR DIPLEC
	122c PHYSICIAN'S James B. Saffell MD 22d. ADDRESS STEVESTOWN, X
For Hospital Page 4 may To Funeral director, page	23a BURIAL-CREMATION, 23b. DATE THEREOF 23 NAME OF CEMETERY OR CREMATORY 23d (OCATION (City or Town) (County) (Stote)
TO HOP Page To FUN direct	BEMOVAL (Specify) 11-4-67 Somering Cernetury Samuel Michael Michael Library March Michael Library Samuel Michael Michael Library States of 250, 857 REGISTRAR OCT 256, REGISTRAR OCT 256
VR A15 (4)	We will Canaldran Laurel my DATE NOV 6 1961 gleaster Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY MARYLAND b CITY OR TOWN If autside corparate limits. c. LENGTH OF STAY IN 16 c CITY OR TOWN (1) autside corpo, RURAL and give nearest town d. NAME OF HOSPITA. OR INSTITUTION (If not in hospito, give street oddress), d STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO 🗷 NAME OF Year DECEASED OF DEATH (Type or print) S SEX COLOR OR RACE AGE ( n years 7 MARRIED **NEVER MARRIED** last b rthday) Dovs WIDOWED DIVORCED 100 USUA, OCCLPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working ite, even if righted) INDUSTRY COUNTRY? 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAMI Mary Hattenbacher WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address Lindner (Yes, no, or unknown) (If yes give wor or dates of service) Hopkins Rd 18 CAUSE OF DEATH (Enter only one couse per line fee (o), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), **DUE TO** stating the underlying couse as the priartal has been last. 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) Health LIVER NO 20o ACCIDENT WAS UNDERLYING [7] 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port i or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (City or fown) (County) (Stote) factory, street, office bldg , etc.) at work O HOSPITAL OR ATTENDINA Page 4 may be retained by 19 67. to 11: 29 , 19.67, that (+) (we) last 21. I certify that (4) (this haspital) attended the deceased fram 19 67, and that death accurred at 7.35 AM, from causes and an the date stated above TO FUNERAL DIRECTOR: saw the deceased alive an\_ 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS STAFF director, page 3 shauld be filed v M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS CHAUDHUR BAUTHORE MED. CTR. NAME (Type) 23b DATE THEREOF BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) REMOVAL (Specify) Moreland Memorial Balto, County, Burial 24. FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE VR A15 (4) 6500 York Rd. Mitchell-Wiedefeld Home DATE 25M: 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15818 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) any delay is o COUNTY Baltimore Maryland b. COUNTY Baltimore 2, and 3 ta PM3. Page MARYLAND c C TY OR TOWN (If outside corporate limits write RURA, and give nearest town) b CITY OR TOWN ( floutside corporate limits CLENGTH OF STAY IN 15 write RURAt and give nearest town) 26 Years Dundalk d NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street oddress) IS RES DENCE d STREET ADDRESS ON A FARM? Gravwood Road 5 Graywood Road NO X pencil in Item 18. Give Pages This certificate shauld be executed within 24 haurs after death execute the certif.cate, writing the ward "pending" in pencil in Item 18. Give Pag or Page 4 should be farwarded to the Chief Medical Examiner's Office along with NAME OF Middle 4 DATE F rs1 Month Doy Year DECEASED Harold Locke G. November 19 67 21 a burial-transit permit. File pages Tand 2 with the (Type or print) DEATH IF UNDER 1 YEAR S SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years IE (INDER 24 HRS 7 MARRIED IX NEVER MARRIED lost birthdoy) Aug. 17, 1906 event with.n 72 haurs after death. Male White WIDOWED DIVORCED 11 BIRTHPLACE (State or foreign country) 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT duppe most of working life, even if retired)
Repairman S. Bowen & Co. West Virginia 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Theadosia E. Hooper Namon S. Locke IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, po, or unknown) (If yes give wor or dates of service) 17 INFORMANT (Wife) 21222 Address MC 16 SOCIAL SECURITY NO 236-03-3635 Mrs. Mildred Locke, 5 Graywood Rd. Dundalk, 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if only, which gave rise to immediate couse (o), . = DUE TO stoting the underlying couse be used as 19 WA 1 7 3 crematian, or remayal, PART II OTHER S GNIFICANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE COND TON G VEN IN PART 1(0) PERFORMED? NO K 2Do EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 2Db DESCRIBE HOW INJURY OCCURRED (Enter noture of in uny in Port I or Port II of item 18) 3 shauld t MEDICAL EXAMINER: CAUSE OF DEATH WEDICAL 2Dc T ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 2De PLACE OF INJURY (Home form (City or town) (County) Not While factory street, office bldg etc.) ot work of work 21 I certify that I taak charge of the remains described above held an Autapsy Inspection [X] Inquiry [X], and in my apinian death resulted fram-Natural couses X Accident Suicide Ham cide Undetermined manner CHIEF MEDICAL EXAM NER 105 Main St. prior to 22. DATE SIGNED ASSISTANT MED CA. EXAM NER. Dundalk. SIGNATURE FUNERAL the funera DEPLTY MEDICAL EXAM NER Md. 21222 EXAMINER'S 5 may to FUNER Theodore C. Patterson Address (Street city town or county) NAME Type! M.D. 23d .OCATION (City or Town) 73b DATE THERE OF 23c NAME OF CEMETERY OR CREMATORY 23. BIRIA CRIMATION REMOVAL (Specify) Meadowridge Memorial Pk. Dorsey, Md. 250 RECD BY REGISTRAR 2Sb REGISTRAR'S & GNATURE 24 FUNERAL DIRECTOR VR A15ME (5) John J. Duda, 7922 Wise Ave. Dundalk, Md.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15722 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o STATE Maryland a. COUNTY b (OUNTY Baltimore Page Baltimore lay is Department of MARY, AND b. (ITY OR TOWN (if outside corporate limits, write RJRAL and give nearest town)

Sparrows Point c C TY OR TOWN (If outside corporate limits, write RURA, and give nearest town) C. LENGTH DE STAY IN 16 2, o... Sparrows Point d NAME OF HOSPITAL OR INSTITUT ON (If not in haspital, give street oddress) d. STREET ADDRESS B S RESIDENCE ON A FARM? e, writing the ward pending in pencil in Item 18. Give Pages 1, forwarded to the Chief Medical Emaminer's Office mlong with form 516 D Street 516 D Street State YES NO A This certificate should be executed within 24 hours after death. NAME OF 4 DATE First Midd e Month Year DECEASED OF November 10 67 S. Loftus 22 Maude (Type or pnnt) IF LINDER I YEAR S. SEX 9. AGE (In years 6 COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH IE JNDER 24 HRS 7. MARRIED ost birthday) Hours White Female -trallsit permit, File pages I and 2 w event within 72 haurs after death. WIDOWED DIVORCED July 28, 1892 100 USJAL DCC JPATION (Give kind of work done during most of working life, even "fret red)
Milliner—ret. 10b K ND DE BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT NDUSTRY COUNTRY? U.S.A. Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Anne C. Hilbinger James W. Loftus IS WAS DECEASED EVER IN U.S. ARMED EORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Miss Margaret Loftus 516 D. St. 21219 1B. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).)

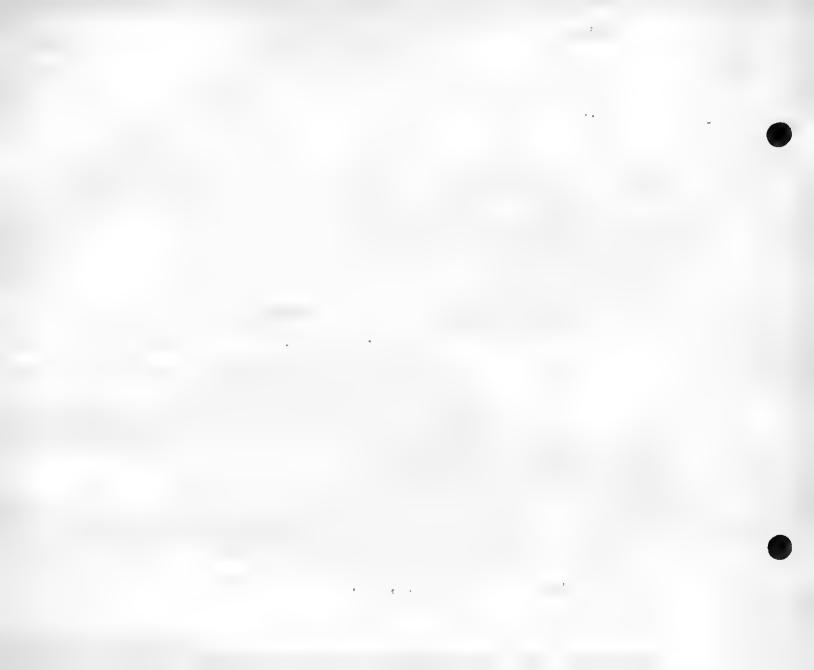
PART I DEATH WAS CAUSED BY

A SAMPLATE CAUSE (a)

The Samplate Cause (a) INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? pleame exacute the certificate, NO YES 4 shauld be 20b DESCR BE YOW INJURY OCCURRED (Enter noture of in ury in Port) for Port 1 of item 18) 20o. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING DICAL EXAMINER: CAUSE OF DEATH 20f "ity s town, 20c N.J.RY OCCURRED 20e PLACE OF INJURY (Home, form) 20c TIME OF N.LRY Month, Doy, Year of Work foctory, street, office bldg etc.) may be retained far your FUNIRAL DIRECTOR: Page ot work 21 I certify that I taak charge of the remains described above, held an Autopsy ... Inspection | Inquiry 1 and in my apinian Natural causes Undetermined manner death resulted fram-Accident, Suicide , Hamicide the funeral director. CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPLTY MEDICAL FXAM NER **EXAM NER'S** 5 may b 0 FUNITE M.D. Davis, Address (Street city town or county) 6800 Mornington Rd. NAME Types OWOT SE AL NO. TOWN DEC 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23: PUR A' CREMATION Crematon Baltimore, Md. Nov. 25, 1967 Greemnount Cemetery 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR VR A15ME Ullfich Funeral Home Dundalk, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15020 15023 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o STATE b. COUNTY moRe MARYLAND b CITY OR FOWN (If outside agreerate limits c LENGTH OF STAY IN 16 c. City OR TOWN-III obiside corporate limits, write RURA, and give nearest town) write RUSAL and give nearest town) The law requires that the death certificate be executed within 24 hours CARS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RES DENC ON A FARM? CON NAME OF Middle 4. DATE corbón Last Doy Year DECEASED OF DEATH (Type or pnnt) buriol, cremation, or removal, and in ony event, AGF (In years IF JADER 24 HRS DATE OF BIRTH F UNDER 1 6. COLOR OR RACI 7 MARRIED NEVER MARRIED please remove lost birthday) WIDOWED DIVORCED 1Do JSUAVOCCUPATION (Give kind of work done 10b. KIND OF BUSINESS 12. CITIZEN OF WHAT st of working life, even if retire in EQUNTRY 2 ome eRm 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMAN (Yes, no or unknown) (If yes give wor ar dates of service) INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the buriol-transit p PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DTIE HEART Canditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause 3 should be detached for use as the with the State Dept. af Health priar to PERTENSION PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAU DISEASE CONDITION GIVEN IN PART 110 WAS AUTOPSY PERFORMED? certificate hos YES 🗌 NO OR ATTENDING PHYSICIAN: 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of njury in Port I or Port II of item 1B.) 20a ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dr TiME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (City or fown) (County) (State) Hour am. Not While foctory, street, affice b dq., etc.) 21. I certify that (1) (this hospital), attended the deceased from TO FUNERAL DIRECTOR: 6 7 and that aeath accurred at M, fram causes and an the date stated above saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** director, page 3 should be filed v PHYS DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S O HOSPITAL Harford road NAME (Type) HIRSCHFE 23a/1BURIAL CREMATION METERY OR CREMATOR) 23d LOCATION (C+h) (County) D BY REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 E004 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE J 64 A HEALTH DERY I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o COUNTY o STATE b COUNTY Page MARY, AND delay deat C LENGTH OF STAY IN 16 b CITY OR TOWN (1 autside carparate limits, c CTY OR TOWN (If outside carporate in its, write RURAL and a ve nearest town) pup write RURAL and give negrest town) Kowatkawax Ba timore 21207 Toodlawn d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE De 00 Mase ate NOX YES 🗍 hours after death 3 NAME OF Frst Middle DATE Month Year DECEASED OF (L) Lement Lovett Nov. (Type or print) Ē DEATH 10 With With S SEX 9 AGE (In years F UNDER I YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths white male WIDOWED DIVORCED event 10b KIND OF BUSINESS OR BIRTHPLACE (State or fareign country) 10a USUAL OCCUPATION (Give kind at work done 12 C TIZEN OF WHAT during most of working life, even if retired) COUNTRY ? .INDUSTRY yas and Maruland AUD lectric io. Chief Medical Examiner's pages 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil Matilda Binger David Lovett Φ gud 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address removal (Yes no, or unknown) (If yes give war ar dates of service Mrs Martha A. same 1B. CAUSE OF DEATH (Enter only one cause per long for (a), (b), and (c)) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY 5 IMMEDIATE CAUSE (6) This certificate should the ward crematian, DUE TO Conditions, if any, which gave rise to immediate cause (a). farwarded ta DUE TO stoting the underlying cause o 33 burial, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND.T.ON GIVEN IN PART 1(0) WAS ALTOPSY PERFORMED? NO the certificate, YES agent, priar ta 20a EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of mury in Port L or Part II of tem 18.) should CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF MJURY (Home farm, 20f (City or town) (State) 20c TIME OF NURY Month, Day, Year (County) factory, street, affice bldg, etc.) Haur a m. While Not While may be retained for your FUNERAL DIRECTOR: Page 19 at wark at work designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 😿 Inquiry and in my apinion d'rectar. death resulted fram-Natural causes Accident [ ] Surcide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASS STANT MEDICAL EXAMINER SIGNATURE the funeral TO DEPUTY Health or 1 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 90 emeteru ltimore, Jarkwood 24. F. INERAL DIRECTOR 250. REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE VR A15ME ( Ruck, Inc Baltimore. 6M 1/66



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15022 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15/125 FOR STATE HEALTH DER PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission STATE Baltimore o. COUNTY delay is ade Baltimore MARYLAND c CITY OR TOWN (th outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN ( f outside corporate limits, c LENGTH OF STAY N Ib write RURAL and give nearest town) One Week Edgemere Essex d NAME OF HOSPITA. OR INSTITUTION (If not in hosp to, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? 7617 North Point Rd. 1637 Eastern Ave. please execute the certificate, writing the word "pending" in pencil in Item 18 Give Pages director Page 4 should be forworded to the Chief Medical Examiner's Office along with fair NO PA This cert ficate should be executed within 24 hours after death NAME OF First Middle Lost 4 DATE Month Doy Year DECEASED OF DEATH Charles Mackey November 27 10 67 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF .. NIDER 24 HRS last birthday) Male White Jan. 12, 1892 in ony event within 72 hours ofter deoth. WIDOWED DIVORCED 11 BIRTHPLACE (Stote or foreign country) 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUS NESS OR 12 CITIZEN OF WHAT during most of working de even if retired) Bethlehem Steel Co. U. S. A. Ohio 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sina Ernest John Mackey Dumdalk. Md. 21222 17 INFORMANT (Daughter) 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes pa or unknown) (If yes give wor or dates of service) 213-07-2503 Mrs. Virginia Walter, 672h Woodley Rd. 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c))
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions if any, which gove rise to immediate couse (o). DUE TO stating the underlying couse or removol, and be used os PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(6) 19 WAS AUTOPSY PERFORMED? MEDICAL CERT FICATION NO IX 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of in any in Port 1 or Port 1 of Item 8) 3 should CAUSE OF DEATH cremotion, 20c TIME OF INJURY Month Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form 20f (City or Town) (Stote) Hour o.m. foctory, street offic bldg etc Not While of work ot work 21 I certify that I took charge of the remains described above, held on Autopsy , Inspection ... Inquiry [7] and in my opinion Notural couses deoth resulted from: Accident 7 Suic de Homicide Indetermined monner moy be retained FUNERAL DIRECT 6800 Mornington Rd. CHIEF MEDICAL EXAM NER ACTUAL prior ASSISTANT MEDICAL EXAM NER Dundalk, SIGNATURE the funeral DEPUTY MEDICAL EXAM NER Md. 21222 **EXAMINER'S** 5 moy b NAME (Type) Melvin B. Davis M.D. Address (Street, city, town, or county) 23c NAME OF TEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION ICITY of T WEL 230 BURIAL, CREMATION, Buria (Spec fy) 11/30/67 Bel Air Memorial Gardens Air. 24 FUNERAL DIRECTOR VR A15ME (5) inones John J. Duda, 7922 Wise Ave. Dundalk, Md.



MAKILAND STATE DEPAKTMENT OF REALTH



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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

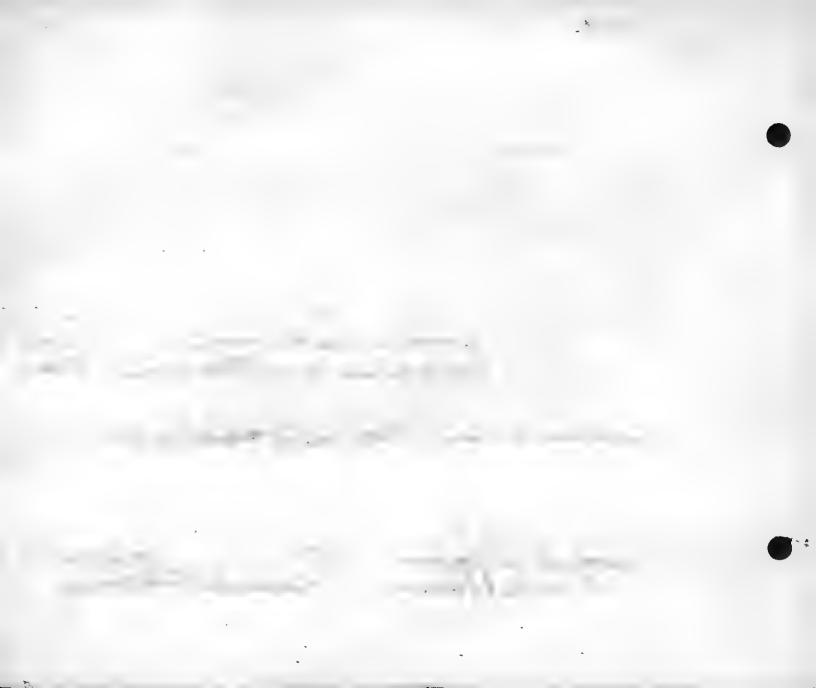
CERTIFICATE OF DEATH

15028

PLACE OF DEATH			2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o STATE Maryland Montgomery							
o. COUNTY	ltimore	MARYLAND								
	(If outside corporate limits,	C LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
write RURAL o	nd g ve negrest town) ings Mills									
		17 months		r Spring		I . If Breibenet				
d NAME OF HOSP	ITAL OR INSTITUTION (If not in hospital,	give street oddress)	d STREET ADDRESS			e IS RESIDENCE ON A FARM?				
Ro	sewood State Hospi	ital	1715	Flora Lane		YES NO DE				
3. NAME OF	First	Middle	Lost	4 DATE OF	Month	Doy Year				
(Type or print)	Maria	-	MARCELLO	DEATH	11	219 67				
S SEX	6. COLOR OR RACE 7 MARRIED	NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In ye						
Female	White WIDOWED		12-26-65	lost birtho	lay) Months I	Doys Hours Min				
100 USUA. OCCUPATIO	ON (Give kind of work done 10b K	UND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT							
during most of working		NDUSTRY	COUNTRY?							
Depende  13 FATHER 5 NAME	HC	none	14. MOTHER'S MAIDEN			U.S.A.				
	16									
	Marcello VER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17.	Rose Mille	) T	Address					
	(If yes give wor or dates of service)		dolph Marce	110 1715 9	lorg Pour	5.5. Md				
no		none I Ro	sewood Reco	rds, Owings	The Vi to the Street	1d P1117				
	DEATH (Enter only one cause per hae fo ATH WAS CAUSED BY	r (o), (b), and (c).)	11 '	,		INTERVAL BETWIEN				
, ,	IMMEDIATE CAUSE (o)	vebral in	Sett 1C11	ency		1 g. whicher				
1	DUE TO //	A 1 A		750	+	03/11				
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rise to immedi			,							
last	(c)				į					
PART I OTHER	SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART I	(o)	19 WAS ALTOPSY				
ZOS ACCIDENT W OR CONTRIBUTION OR CONTRIBUTION	11 /	17 More.	\.  -   ~c	/ / /	U. Sover	PERFORMEDO YES 1 NO				
30-10001	huteonal, za hea	ESCRIBE HOW INJURY OCCURRED.	Medal			113 [3] 110 [				
OR CONTRIBUTIN	AS UNDERLY NG ☐ 20b D	ESCRIBE HOW INJUST OCCURRED.	tenter nortre of injury in	ron of rost   of tem	10.)					
(IF EITHER, NOTIF	Y MEDICAL EXAMINER)									
20c TIME OF IN			CE OF INJURY (Home, form tory, street, office bldg, etc.		wn) (Cour	nty) (Stote)				
¥ 11000		rk at work	iory, sireor, office bing , etc.	7						
21 cer	tify Kat (A) (this haspeal) atter	ded the deceased from		, ,, , ,,	/21	Z, that 🙉 (we) las				
saw the	deceased alive on 11/2	1 19 <u>67</u> , and tha	t death accurred at	2:50 Ma from co	uses and an the	e date stated abave				
220 SIGNATUR			ATTEMBLE	MED STATE		E SIGNED -				
Le	three of y	ual M.	D PHYS	MED STAFF	P 2!	Nov6/				
22c. PHYSICIAN			22d ADDRESS	1	+/					
NAME (Ty	Tichend Al	ones	Losen	000 Sta	the Ho	\$0				
230 BURIAL, CREMA	TION, 23b DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City	or Town) (	County (State)				
REMOVAL (Spec		ote o' Hern	0:0	5:1 0 5	naina Ma	walcond				
SHINERA BOOK	ior Glen Carter					NATURE				
Thingh	Pann' rou One	8434 Georgia	DATENC		Milliane	es judge				
4	· F WAY W OF MICE	Silver Onrin	O ITA DATES	7 ~ 1	//	// //				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled, director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban page shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within A Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67



(Yes, no, or unknown) (If yes give wor or dates of service 18 CAUSE OF DEATH (Enter only one couse per time for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying couse

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART 1(6)

WAS AUTOPS)
PERFORMED? NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.)

(County)

20e PLACE OF INJURY (Home, form factory, street, office bldg., etc.) 1967, to NOU. 25 and that death occurred and state of the date stated above DIRECTOR PHYS 22d ADDRESS 180/ Freoler

(City or town)

23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOYA. (Specify) Puria Druid Ridge

21. I certify that (1) (this hospita)) attended the deceased from

Baltimore 250 REC'D BY REGISTRAR

23d

2/208

(County)

INTERVAL BETWEEN

ONSET AND DEATH

(Stote)

**O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: directar, pa shaufd be f VR A15 (4)

burial, cremation,

d far use as the af Health priar ta

etached

signed by the burnal-transit p

24 FUNERAL DIRECTOR

220. SIGNATURE

22c. PHYSICIAN'S

NAME (Type)

20a ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH

Hour o.m.

(IF EITHER, NOTIFY MEDICAL EXAMINER)

20c I.ME OF INJURY Month, Doy, Year

sow the deceased alive on

20d INJURY OCCURRED

of work

Not While

Cook-Brooks Towson, Towson, Md.

ALD.

DATREC

1967

25b

LOCATION (City or Town)

REGISTRAR S SIGNATUR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15030 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o STATE MARYLAND BALTIMORE MARYLAND CLENGTH OF STAY IN 16 b. CITY OR TOWN (If outside carporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 88 DAYS BALTIMORE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM 2810 ALLENDALE ROAD VETERANS ADMINISTRATION HOSPITAL NO A NAME OF Miridle 4 DATE First Month Year DECEASED (Type or print) 1967 Marandarion: CHARLES MATTHEWS L DEATH F UNDER IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** DATE OF BIRTH AGE ( n years birthdoy) Hours 2/3/12 NEGRO WIDOWED DIVORCED 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State or foreign country) during most of working life, even if retired) INDUSTRY BALTIMORE, MARYLAND 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME RAYMOS MATTHEWS MALINDA GARDNER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) 218 07 25 90 CLINICAL RECORDS, VAH, FT. HOWARDK MD. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ) 3NS MONTHS PART I DEATH WAS CAUSED BY CARCINOMA OF ESOPHAGUS IMMEDIATE CAUSE (o) 150 X DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse (c) 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) NO 200 ACCIDENT WAS JNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) 20c TIME OF WURY Month, Doy, Year Hour o.m. factory, street, office bldg., etc.) Not While of work 21 I certify that (this haspital) attended the deceased from AUG 11 19.67 to NOV , and that death accurred at 3 2 50 M, from causes and an the date stated above saw the deceased three 220 SIGNATURE 22b. DATE SIGNED. M.D. PHYS

law requires that the death certificate be executed within 24 hours after death. signed by the burnal-transit State Dept, af Health priar to Б **DIRECTOR:** After O HOSPITAL OR ATTEND Page 4 may be retained directar, page 3 sha shauld be filed with FUNITRAL 2 VR A15 (4) 25M 1/67

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campletely

22c. PHYSICIAN'S RODOLFO G. MIRO, M. D. 230 BUR AL, CREMAT ON, REMOVAL (Specify) 23b DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

DIRECTOR PHYS FORT HOWARD, MARYLAND

RATITIMORE

BURTAT BALTIMORE NATIONAL IAW FUNERAL HOME

23d. LOCATION (City or Town) (County) (Stote)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral 1 and 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) BALTIMORE o. STATE b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN Th write RURAL and give nearest town) BALTIMORE LTIMORE fylied in 6 n papers ithia 72 hg d NAME OF HOSPITAL OR INSTITUTION (If not in haspita, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 2108 ERDMAN NO 🎩 NAME OF DECEASED Last DATE Month Year NOVI AURO ThoMAS 1967 DEATH 5 SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED last birthday) Months Cau -14-WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY 3 during most of working life, even if retired) INDUSTRY RETIRED 13 FATHER'S NAME ar remaval, Mauro UNKNOWN. UNKNOWN (Yes, no, grunknown) (If yes give wor or dates of service) 16 SOCIAL SECURITY NO 17. INFORMANT Address 087-00-3444 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the haspital or attending as the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS this certificate has PERFORMED? NO YES T far 20a ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Yeor Haur a.m. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) factory, street, office bldg., etc.) Kat While at work 21. I certify that (I) (this hospital) attended the deceased fram 10.31, 1967, to 4.6, 1967, that (I) (we) last saw the deceased alive an 11.6.62, 1967, and that death occurred a 504M, fram causes and an the date stated above. saw the deceased alive an 11.6.63 MUNERAL DIMECTOR: 22a SIGNATURE 22b DATE SIGNED ATTENDING Rah M. Bassue M.D DIRECTOR filed 22c PHYSICIAN'S 22d ADDRESS NAME (Type) G.B.M.C. director, party 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) 230 BURIAL, CREMATION 23b DATE THEREOF (County) EMOVAL (Specify) 11/9/67. Baltimore, Md.

RAR | 2Sb REGISTRAR'S S GNATURE New Cathedral Cemetery 2 250 REC'D BY REGISTRAR 24 FUNERA, DIRECTOR Leonard J. Ruck, Inc. Balto. Md. 21214 DATE NOV 6 1967



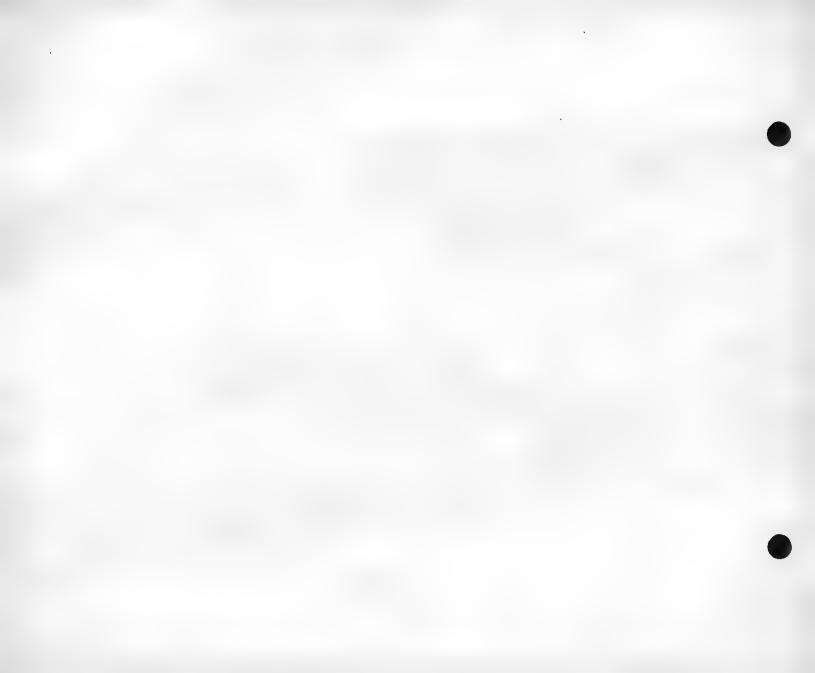
REGISTRAR'S SIGNATURE

25b

requires that the death certificate be executed within 24 haurs after death

ATTENDING PHYSICIAN:

REMOVAL (Specify FUNERAL DIRECTO



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admiss
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest to remain the running of the running
	d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address)  Ox radonia an renier Rads  On A FARM  YES \[ \begin{align*}     0. IS RESIDE     ON A FARM     YES \[ \begin{align*}     0. NO:     \]
	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) Partha E. Nays DEATH Novo ben 8, 1967
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lef UNDER 14 PARTIE DIVORCE 24 Last birthday) Hours Months Days Hours Mon
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  . Out occur. e  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?  . Out occur. e  13. FATHER'S NAME
	"Illiam * Foster #annah Francis  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SDCIAL SECURITYNO.   17. INFORMANT Address
	(Yes, no, or unknown) (If yes give war or dates of service)  O None  Family neards
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which   (b)    gave rise to immediate   cause (a), stating the   DUE TO
	underlying cause last. ) (c)  PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED YES NO
	County   C
	21. I certify that (I) (this hospital) attended the deceased from MAY, 1963, to 1/8, 1967, that (I) (we) saw the deceased alive on CCF 1967, and that death occurred at 106 M, from the causes and on the date stated ab
TO FUNERAL DIRECTOR. After this certificate has been signed by the atten director, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or the control of the co	22a. SIGNATURE  22b. OATE SIGNED  M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIVING PHYS. DI
	23a. BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State REMOVAL (Specify) 23d. LOCATION (City, town or county) (State REMO
	I'm wrns Jons, To son, Par land DATENOV 16 1967 privaries judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission o COUNTY **b** COUNTY o. STATE Baltimore Maryland MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 write\_RURA, and give negrest town) Baltimore Catonsville d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street address) ON A FARM? House in the Pines Nursing Home 1303 W. Cross Street □ NO □ 3 NAME OF Middle Frst 4 DATE Month Dov DECEASED (Type or pnnt) November 29, Jerome McAleer, Sr. 19 67 John and in any event, IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH 7 MARRIED 79 birthdoy) White 8-17-1888 Male WIDOWED X DIVORCED 10a USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 C TIZEN OF WHAT during most of working life, even if retired)
Retired Balto. Transit Co. Baltimore, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME burial, crematian, ar removal, Katherine Phillip McAleer IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 16 SOCIAL SECURITY NO 17 INFORMANT Address 213-05-9981A Mrs. Mary C. Otterbein, 2707 Rittenhouse Ave IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 421 DUE TO Conditions, if ony, which gove ) rise to immediate cause (o), DUE TO stating the underlying couse (c) 19 WAS AUTOPSY PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO Z 200 ACC DENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port t or Port II of item 1B) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) factory, street, office oldq, etc.) Hour om, of work Page 4 may be retained by 21. I certify that (1) (thus haspital) attended the deceased from 10-31-, 1967, ta 11-29, 1967, that (1) (we) last saw the deceased alive an 114 27 1967, and that death accurred at 6556 M, from causes and an the date stated above 22o SIGNATURE 226 DATE SIGNED DIRECTOR PHYS 22d ADDRESS PHYSICIAN'S O HOSPITAL Dr. Wilmer K. Gallagers 6209 Frederick Ave., Catonsville, Md. 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL, CREMAT ON, 23b DATE THEREOF 23d LOCATION (City or Town) (County) (Store) Baltimore, Maryland BURRINOYAL (Specify) 12-2-1967 Loudon Park Cemetery 9 ADDRESS 24 FUNERAL DIRECTOR 21229 Howard H. Hubbard, 4107 Wilkens Avenue





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 45033 death 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH COUNTY Maryland b. COUNTY Baltimore MARYLAND b CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside corporate limits, write RURAL and a ve nearest town) Baltimore 21210 haurs d. NAME OF HOSPITAL OR INSTITUTION (If not in haspito), give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 221 Ridgemede Rd. St. Joseph Hospital YES NO 🔀 The law requires that the death certificate be executed within 3 NAME OF 4. DATE Year Last burial, crematian, or removal, and in any event, wi DECEASED Marie Regina McCORMACK November 19 67 DEATH (Type or print) IF JNDER 1 YEAR S SEX 8. DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last b, rthdoy) Hours May 17, 1891 White WIDOWED DIVORCED Female Da, USJAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 SIRTHPLACE (County & State, or fareign country) during most of working ife, even if retired) **COUNTRY?** INDUSTRY New Jersey Homemaker Own Home IISA 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Nicholas Toppin Bridget 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT signed by the attendir burial-transit permit. (Yes, no, or unknown) (If yes give war or dates of service) 41-03-0330B Harry G. McCormack Above INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: Myocardial infarction IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician.

\*\*O FUNERAL DIRECTOR: After this certificate has been signed by Generalized arteriosclerotic cardiovascular disease Conditions, if ony, which gave rise to immediate cause (a). DUE TO stoting the underlying couse as the 19 WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? 3 should be detached far use with the State Dept. of Health p Chronic cholecystolithiasis with acute cholecystitis: Hiatal hernia. YES . NO X 2Da ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, (City or town) (Stote) 20d. INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Doy, Year Haur a.m. foctory, street, office bldg., etc.) 19\_67that Of (we) last . 19 67, to 21. I certify that (A (this haspital) attended the deceased from... 19 67, and that death accurred at 12 M fram causes and an the date stated above. saw the deceased alive an Noon 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING DIRECTOR M.D. director, page Shauld be filed 22d. ADDRESS 22c PHYSICIAN'S Arturo A. Pidlacan, M.D. 7620 York Rd., Towson, Md. 21204 NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23b DATE THEREOF (Caunty) 230 BURIAL, CREMATION Burial Pikesville 11-30-67 Druid Ridge Balto. 2So REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FIJNERAL DIRECTOR Michaeles Venter H.W. Jenkins & Sons Co., 4905 York Rd. DATNOV 28 20 M 1/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15037 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Baltimore Maryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) b CITY OR TOWN (If autside caroarate limits. C LENGTH OF STAY IN 16 Baltimore 12 hours Baltimore 12 d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? Armacost Nursing Home 1537 Burnwood Road I NO K OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within NAME OF Middle 4. DATE First Lost Month Dov Year DECEASED McCourt November Maru 67 (Type or print) DEATH remaye car 9 AGE (In years E INDER 1 YEAR IF JNDER 24 HRS 8. DATE OF BIRTH S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED T lost birthdoy) Hours 9/23/1883 and in any WIDOWED DIVOR CED 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if settred)

Retured - Clerk Butler Bros. please attending physician permit. Then please Baltimore, Maryland
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remayal, Charles H. McCourt Mary A. McCaul 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dotes of service (Same Mrs. Teresa Mayoers 216-01-5645A burial, cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH **burial-transit** hemon hase. cultual IMMEDIATE CAUSE (a) be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse as been a street prior to b PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) WAS AUTOPS pgs PERFORMED? CERT. FICATION Health NO this certificate 2Da ACCIDENT WAS UNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c TIME OF INJURY Month, Day, Yeor 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form (City or town) (County) (Stote) Hour om. foctory, street, office bldg., etc.) Not While UCT23, 1967 to NOV 20 19 6 2 that (IV (we) last 21. I certify that (IV)(this haspital) attended the deceased from\_\_\_\_ 19 6 7, and that death accurred at 1 30 P.M. fram causes and on the date stated above saw the deceased alive an NCO 210 TO FUNERAL DIRECTOR: 22b DATE SIGNED 220. SIGNATURE, STAFF PHYS NOU 22 176 DIRECTOR director, page 3 should be fled v M.D. 22d ADDRESS TO HOSPITAL Page 4 may b 22c PHYSICIAN'S 3201 N. Charles St. Dr. Francis X. Carmodu NAME (Type) 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 236 DATE THEREOF (County) BUR AL CREMATION REMOVAL (Specify) Md. Baltimore New Cathedral 11/25/67 Burial & Sons Co. 4905 York Road 2So. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Baltimore, Md. 21212



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death Ned in by the funeral papers. Pages 1 and 2 and 3 and 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. STATE MARYTAND o. COUNTY b. COUNTY RALTIMORE MARYLAND b CITY OR TOWN (If autside corporate imits, c LENGTH OF STAY IN 15 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) FORT HOWARD 45 DAYS BALTIMORE d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) 1606 VINCENT COURT, VETERANS ADMINISTRATION HOSPITAL NO Î The law requires that the death certificate be executed within 4 DATE First Middle Lost Month Dov Year DECEASED
(Type or print) 67 **JAMES** MC CROREY 30 NOVEMBER 19 DEATH B DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED remaye "thdoy Months Dovs #+ours NEGRO in any MALE WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHA ease during most of working life, even if retired) and CHESTER, SOUTH CAROLINA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removal, attending phyn nermit. Then p FRANK MC CROREY MARY MN: UNKNOWN IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service 217 12 91 38 CLIN RECORDS, VA HOSPITAL, FT HOWARD YES 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o)

RONCHOPNET NTERVAL BETWEEN CHEET AND DEATH burnal-transit **PRONCHOPNEUMONIA** the haspital or attending physician. DUE TO METASTATIC, ABDOMINAL CARCINOMA UNKNOWN Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse GS O PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? , page 3 should be detached for use be filed with the State Dept. of Health ARTERIOSCIEROTIC HEART DISEASE OR ATTENDING PHYSICIAN: 200 ACCIDENT WAS JNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM NER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) TIME OF INJURY Month, Day, Year foctory, street, office bidg, etc.) Hour o.m. Not While of work of work 21. I certify that (IX(this hospitar) attended the deceased fram ta\_ TO HOSPITAL OR ATTENE Page 4 may be retained and that death accurred at 8:55PM, from causes and on the date stated above. TO FUNERAL DIRECTOR: saw the deceased olive an 11/30/67 22b DATE S GNED 22p SIGNATURE MED. DIRECTOR ATTENDING STAFF X MD. 22d ADDRESS TALBERT, M. D. VAH FORT HOWARD, MARYLAND NAME (Type) director, p 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23d LOCAT ON (City or Town) (County) BURIAL 12/5/67 BALTIMORE, MARYLAND BALTIMORE NATIONAL 2So REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4 25M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15036 15038 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admiss on a COUNTY o STATE b. COUNTY BALTIMORE MARYTAND MARYLAND b CITY OR TOWN (If autside carparate limits, c CITY OR TOWN (If guitside corparate limits, write RURAL and give nearest town) the E LENGTH OF STAY IN 15 FORT HOWARD 118 DAYS TOUR BALTIMORE à e IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d. STREET ADDRESS campletely filled in ON A FARM? VETERANS ADMINISTRATION HOSPITAL 2307 Calverton Heights Avenue YES NOW 4 DATE carbon NAME OF Errst Year DECEASED 19 67 NOVEMBER DEATH Type or print) EHGENE FADDEN IF UNDER 1 YEAR SE UNDER 24 HRS AGE (In years S SEX 6. COLOR OR RACE DATE OF BIRTH 7 MARRIED **NEVER MARRIED** remove Hours 12/25/23 MALE NEGRO WIDOWED DIVORCED and in any and 12 CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 11 BIRTHPLA. (dunty & State, or foreign country) 10a USUA, OCCUPATION (Give kind of work done physician a ien please COUNTRY? during most of working life, even if retired) BISHOPSVILLE. S. C. U.S.A. COOK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal, attending phys CAROLYN DAVIS RAYMOND MC FADDEN 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO permit. (Yes, na, ar unknawn) (If yes give war or dates af service) 219 01 41 51 CLIN.RECORDS. VA HOSPITAL, FT HOWARD. MD. YES burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit RECEIVE DEATH PART I. DEATH WAS CAUSED BY **BRONCHOPNEUMONIA** IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if any, which gave RECURRENT CARCINOMA. MOUTH AND NECK rise ta immediate cause (a), DUE TO stating the underlying couse the 8 WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) be detached far use State Dept. of Health NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of Item 18) 20g ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) 20d INJURY OCCURRED 20c. I.ME OF INJURY Month, Doy, Year O FUNERAL DIRECTOR: After this factory, street, affice bldg., etc.) Hour to.m. OR ATTENDING at work at work 11/20/67.19 21. I certify that (F (this haspital) attended the deceased from 7/25/67 . that 21 (we) last and that death occurred 61:30 AM, Hom causes and on the date stated above. /20/67 saw the deceased alive on 220. SIGNATURE 22b. DATE 5 GNED STAFF ATTENDING 11/20/67 DIRECTOR directar, page 3 shauld be filed v 22d ADDRESS C. MC ELFATRICK. M. D. NAME (Type) VAH FORT HOWARD, MARYIAND 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) 23g BJRIAL, CREMATION 23b DATE THEREOF BALTIMORE, MARYLAND BAITIMORE NATIONAL 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 1701 LAURENS ST. BALTTMORE MD



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15037 15039 CERTIFICATE OF DEATH 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) · COUNTY Baltimore o. STATE b COUNTY Mary land Baltimore MARYLAND b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY DR TOWN (If autside carparate limits, write RURAL and give nearest town) Catonsville Catonsville
d NAME OF MOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE A FARM? 216 Garden Ridge Road Ridgeway Manor Nursing Home ΝO PHYSICIAN: The law requires that the death certificate be executed within 3. NAME OF Middle 4 DATE Month DECEASED OF DEATH November 14. McGonigle , Sr. Albert burial, cremation, ar remayal, and in any event, (Type or print) IF UNDER 1 YEAR S SEX 6 COLDR OR RACE B. DATE OF BIRTH AGE ( n years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdoy) DIVORCED March 3, 1887 Male White WIDOWED X 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR Dept. 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN DF WHAT COUNTRY? A. during most of working life even if retired)
Retired Captain Balto. City Fire Raltimore, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME J. McGonigle Peter Anna IS. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dotes of service Mrs. Albert McGonigle, 215 Cherrydale Road INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE to DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO 20b. DESCRIBE HDW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18.) 20g ACCIDENT WAS UNDERLYING . OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INBURY OCCURRED 20e PLACE OF INJURY (Home, form, (C ty or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m While of work Of work factory, street, office bldg, etc.) 19 6 That (1) (we) last 2]. I certify that (I) (this haspital) attended the deceased from 100 TO HOSPITAL OR ATTEND Page 4 may be retained 196), and that death accurred at 3 M, from causes and an the date stated above. saw the deceased alive and FUNERAL DIRECTOR: 22o SIGNATURE 22b DATE SIGNED 15 non 6 DIRECTOR 22d. ADDRESS 22c PHYSIC.AN S director, por Dr. William Goodman 1334 Sulphur Spring Road, Balto., Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL CREMATION 236 DATE THEREOF (County) (Stote) Baltimore, Maryland New Cathedral Cemetery 11-17-1967 2 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Howard H. Hubbard, 4107 Wilkens Avenue VR A15 (4 Munice Jud



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9-	12	-12-671	nt DIVISION	OF VITA	L RECO	RDS, 301 W. PR	RESTO	N STREET, BALTIMOI	RE, MARYLAN	ID 21201	~	A = A		
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HEALTH DEPT	1	PLACE OF DEATH						2 USUAL RESIDENCE (W	here deceosed live			efore odmission)		
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يَّ جُ كُو يَ	5		6 COLOR OR RACE	7 MARRI			X	8. DATE OF BIRTH	9 AGE	(In years	IF UNDER 1 YEA	AR IFUNDER 24 HE	RS	
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n 2 all in	3	FATHER S NAME	<u> </u>					14 MOTHER'S MAIDEN NO	AME					
within penal : kaminei le page		Francis	s J. McGu	ire				Adelaid	le Hors	еу				
F. F	15	WAS DECEASED EVE	R NUS ARMED FORCES? (If yes give wor or dates o		16 SOC A	L SECURITY NO	17 1	NFORMANT		Address				
mut mut	(16	s, no, or unknown)   No	(It yes give wor or dotes o	of service)		_	Fr	ancis J. M	lcGuire		Above	Э		
This certificate should be executed within 24 icote, writing the word "pending" in pencil in be forwarded to the Chief Medical Examiner's be used as a buriol-transit permit. File pages removal, and in any event within 72 hours after		18 CAUSE OF DE	ATH (Enter only one cou	ise per line		(b) d(c))						NTERVAL BETWEEN		
should be en word "per to the Chief of burnol-tronsit on ony event or the chief of		PART I DEAT	H WAS CAUSED BY IMMEDIATE CAUSE	(o) Int	ters	titial my	roc:	arditis				ONSET AND DEATH		
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MEDICAL EXAMINER: This certificate should bease execute the certificate, writing the word director. Page 4 should be forwarded to the Clanned for your flas.  DIRECTOR: Page 3 should be used as a burnol-trained for cemotion, or removal, and in any extensions.	25	PART I OTHER SIG	GN F CANT CONDITIONS (	ONTRIBUTIN	G TO DE	ATH BUT NOT RELATE	D TO 1	THE TERMINAL DISEASE CONF	TONG YEN NI	PART 1(o)		19 WAS AUTOPSY PERFORMED?		
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LAL EXAMINER: This execute the cert ficote, or Page 4 should be fall for your fles TOR: Poge 3 should be riol, cremotion, or remo	MEDICAL CERTIFICATION	2Dc TIME OF NUL Hour out	JRY Month, Doy, Year		1 INJURY	OCCURRED 20 Not While		CE OF INJURY (Home, form ony, street office bldg etc.)	2Df (City	r or fown)	(County)	) (Stote)	)	
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TO DEPUTY MEDICAL EXAMIN necessory, please execute the the funeral director Page 4 st 5 may be retained for your f to FUNERAL DIRECTOR: Page 3 Hea th prior to buriol, cremotic	220	BURIAL, CREMATIO	Edward F. W	VIISOI	1, M	D. BC NAME OF CEMETER	Y OD		23d LOCATIO			20, 1967 unty) (State)		
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VR A 15ME (5)			kins & Sc	ns C	10.4		k F			7 100	ienely	Judge		





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) a COUNTY 0 MARYLAND ò 00 c LENGTH OF STAY IN 16 de d STREET ADDRESS 2914/4ill B IS RESIDENC forworded to the Chef Medical Examiner's Office along with form in Item 18. Give Poges NAME OF Doy DECEASED OF DEATH LNDER WIDOWED in any event within 72 hours after death 10b K ND OF BUSINESS OR 12 CITIZEN OF WHAT 10g JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife be executed within 13 FATHER'S NAME pencil Matilda Kaltenbach Hood .⊆ IS. WAS DECEASED EVER N. S ARMED FORCES? 16 SOC AL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give war or dates of service Severna Park no IB CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).)
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH MMEDIATE CAUSE (a) This cert ficate should writing the word DUE TO Canditions, if any, which gave rise ta immediate cause (a), DUE TO stoting the underlying cause 19 WAS AUTOPSY PERFORMED? cremation, or removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MEDICAL CERTIFICATION NO 20g EXTERNAL CAUSE WAS 20b DESCR BE HOW INJURY OCCURRED (Enter nature of njury in Part I at Part II of item 1B.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20e PLACE OF NJURY (Hame, farm, 20f (City or fown) 20c. TIME OF N. RY Month, Day, Year 20d NJURY OCCURRED (Caunty) (State) factory, street, affice bldg , etc.) Haur am. Nat While at wark 21 1 certify that I taok charge of the remains described above, held an Autapsy ... Inspection X Ingury . and in my apinian death resulted fram Natural causes 🔀 Accident Suicide Hamic'de Undetermined manner he funeral director ACTUAL SIGNATURE FUNERAL EXAM-NER'S 5 may b O FUNER Heo th NAME (Type) 23a BUR AL CREMATION. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5)



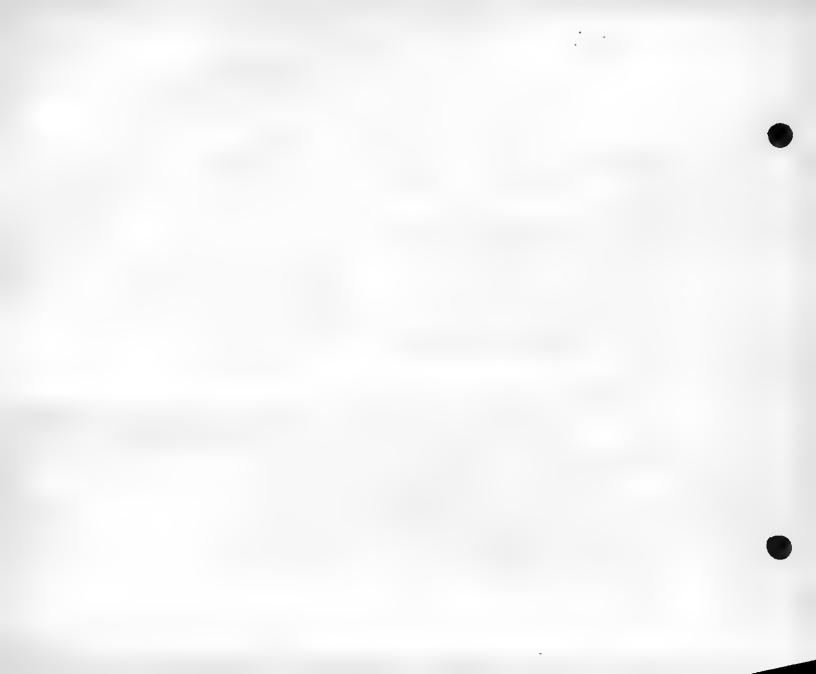
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH : 15042 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15445 CERTIFICATE OF DEATH NAME OF DECEASED Type or Pont) Luther Moritz Ernest Henkel 11- 15-1967 S. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission) after A. STATE FULL NAME OF Md. (If not in hospite, ar institution, give sheet HOSP TAL OR address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore 4519 Forrestview Avenue D. STREET ADDRESS (If rural, give location) pou SEX 519 Forrestview Avenue 21206 6. RACE MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) If Under 1 Yr. 5 If Under 24 Hrs. complet WIDOWED, DIVORCED (specify) Manths: Days House "ale Can Larried 11-8-1902 SIGA USUAL OCCUPATION (GIVE kind of work TOB. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stat or fareign country) 12. CITIZEN OF Stone during most of working life, even if retired) WHAT COUNTRY? certificate be Ret. Clergyman Lutheran Church paltimore, waryland attending physician permit. Then please U.S.A E13. FATHERS NAME 4. MOTHER'S MAIDEN NAME Frederick Menkel Anna B. Ernst 5. Was Deceased Ever in U. S. Armed Farces? (1). Was Deceased Ever in W. & Contract of Service) 6. SOCIAL 17. INFORMANT ADDRESS requires that the death SECURITY NO. No 213-36-8928 Posalie B. Menkel 4519 Forrestview Ave. Mrs 18. signed by the a burial-transit pe INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ar attending physician. LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) has been see as the ANTECEDENT CAUSES GS . DISEASES OR CONDITIONS, of ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost this certificate by the hospital detached for OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CALISING IT. 1920 to PLATU 16 1967 22. I certify that (I) (this hospital) attended the deceased from 9 that (1) (we) last saw the deceased alive an 🏒 ATTIND be retained and how paid from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A SIGNATURE 23 E. DATE SIGNED Allending Med. Director 23C. PHYSICIAN'S 23 D. ADDRES! NAME (Type) Baumgardner 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Spec fv) Loudon Fark Cemetery | Da SA, DATE REC'D



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15046 15843 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o STATE **b.** COUNTY MARYLAND c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside carporate limits C LENGTH OF STAY IN 16 write RURAL and give nearest town) ROSEDALE POSEDALE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE and in any event, within 72 8208 8208 ANALEE NO Z YES 3 NAME OF DECEASED Last 4. DATE Month Day Year OF DEATH 30 ALICE MEYER 19 67 (Type or print) S. SEX IF JNDER 1 YEAR B. DATE OF BIRTH AGE (In years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED last birthdoy) Manths WIDOWED DIVORCED 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State ar fareign country) during most of working life, even if retired) COUNTRY? INDUSTRY BALTO, MD 11517 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME cremotion, or removal, HELEN VERNON KELLER 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give wor or dates of service) 16. SOCIAL SECURITY NO 17 INFORMANT Address 213-26-6198 ABOVE 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO signed with the Stote Dept. of Health prior to buriol, Canditians, if any, which gave rise to immediate cause (o), DUE TO stating the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 may be retoined by the hospital or attending PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? Š NO 20a ACCIDENT WAS UNDERLYING [1] 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INSURY Month, Boy, Year Hour a.m. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (State) (County) foctory, street, office bldg., etc.) While Not While at work p.m. 21. I certify that (1) (this haspital) attended the deceased from I was 1964 ta FUNERAL DIRECTOR: saw the deceased alive an 196 /, and that death accurred at 1/20/1M, from causes and an the date stated above 22d SIGNATURE DATES GNED ATTENDING STAFE M.D. DIRECTOR director, page sllould be filed 22d. ADDRESS 22c/PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23g. BURIAL, CREMATION, 23d LOCATION (City or Town) 236. DATE THEREOF (County) (State) REMOYAL (Specify) SACRED HEART 2 ADDRESS 24. FUNERAL DIRECTOR 25h REGISTRAR S SIGNATURE 2So REC'D BY REGISTRAR VR A15 (4) 25M 1/67 300 MACE DATE OF C. S. 1967 CONNELLY SONS



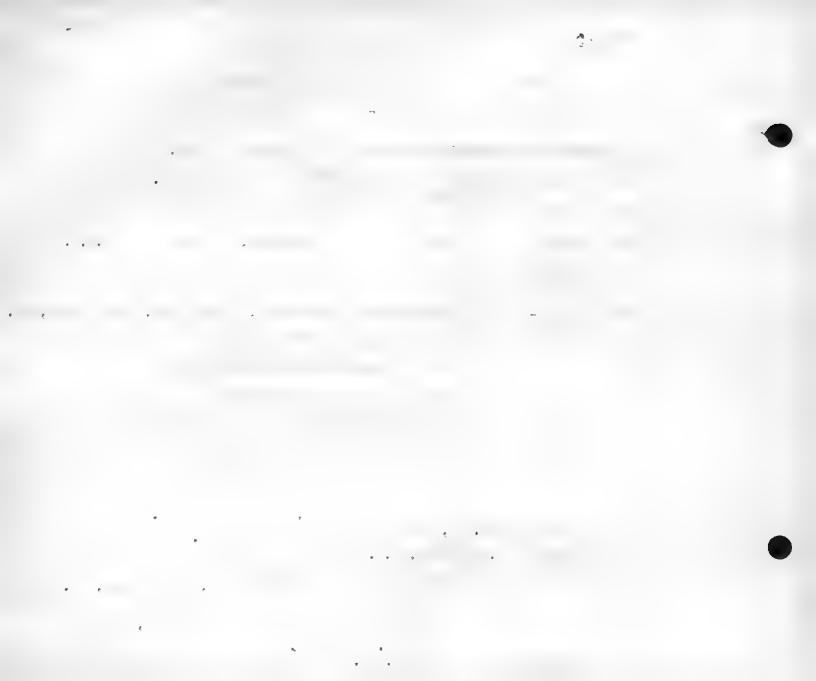
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15047

CERTIFICATE OF DEATH

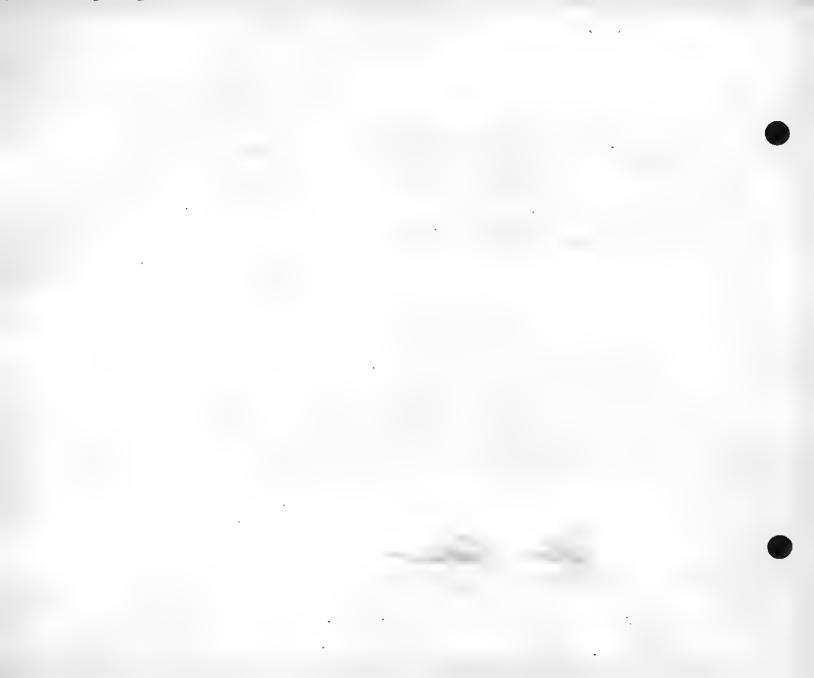
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death		PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) o. STATE b. COUNTY
- A		Baltimore MARYLAND	Maryland /
a ses		b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
44.0		write RURAL and give nearest town)  Fort Howard  14 days	Baltimore
	- 1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospita), give street address)	d STREET ADDRESS e. S RES DENCE
within 24 haurs ely filled in by ban papers, Pa within 72 hours			ON A FARM?
		Veterans Administration Hospital	1823 Druid Hill Ave. YES NO X
# <b>≥</b> 8 ₹		3 NAME OF FIRST Middle	Lost 4 DATE Month Doy Year
ete et		(Type or pent) HORACE ERNEST MI	LBURN OF Nov. 10 1967
ntec npl ver		S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
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ren Ten		100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	11 SIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT
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sicio plea plea an		13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
shys val		Roy Milburn	Carrie Bell
	-		INFORMANT Address
		(Yes, no, or Jinknown) (If yes give wor or dates of service)	INFURMANT Address
de iller			inical Reds, VA Hospital, Fort Howard, Md.
atia e a maria	Γ	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	INTERVAL BETWEEN
at ansiste at		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (G) MYOCARDIAL INFA	RCTION HOURS
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equires that the physician signed by the burial-transith burial-transith burial, crema?		Conditions, if any, which gove ) (b) HEPATIC FAILURE	, LARNNECS CIRRHOSIS
or signature of the sig		rise to immediate cause (a), ( pure to	
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Sicility is spit control of the cont			
등 원 등 구			ACE OF INJURY (Home, farm, 20f (City or town) (Caunty) (State)
te D		Hour o.m.  19 While Not While of twork of at work	ctory, street, office bldg , etc )
by Stat		21 Leartify that M (this bosnital) attended the deceased from	Oct. 27 , 19 67, to Nov. 10 , 19 67that (N (we) last
		cow the deceased glive an Nov 10 1967 and the	at death accurred of 8:55%, fram couses and an the date stated obove.
retaine retaine ECTOR: 3 shaul wuth th		22o SIGNATURE	8. 22b DATE SIGNED
OR ATTEN be retained DIRECTOR: / Je 3 shauld ed with the		CDACTOO II DAMIDOTO M D	AD PHYS DIRECTOR PHYS A 11/10/67
		22c. PHYSICIANS ()	22d ADDRESS
O HOSPITAL OF Page 4 may be O FUNERAL DIR director, page ( shauld be filed	1	MAME (Type) Graci's V. Value 40.	VA Hospital, Fort Howard, Md.
duld	8	230 BUR AL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City or Town) (County) (State)
Page O FUN O	12	REMOVAL (Specify) 11/14/67 Baltimore	National Baltimore, Maryland
12		24. FUNERAL DIRECTOR ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE
VR A15 (4) 25M 1/67		3035 W. Nor	th Ave. DATENOV 1 3 1967 villamin Vandas
	F	NUTTER FUNERAL HOME Balto Md	TO TO THE PARTY OF



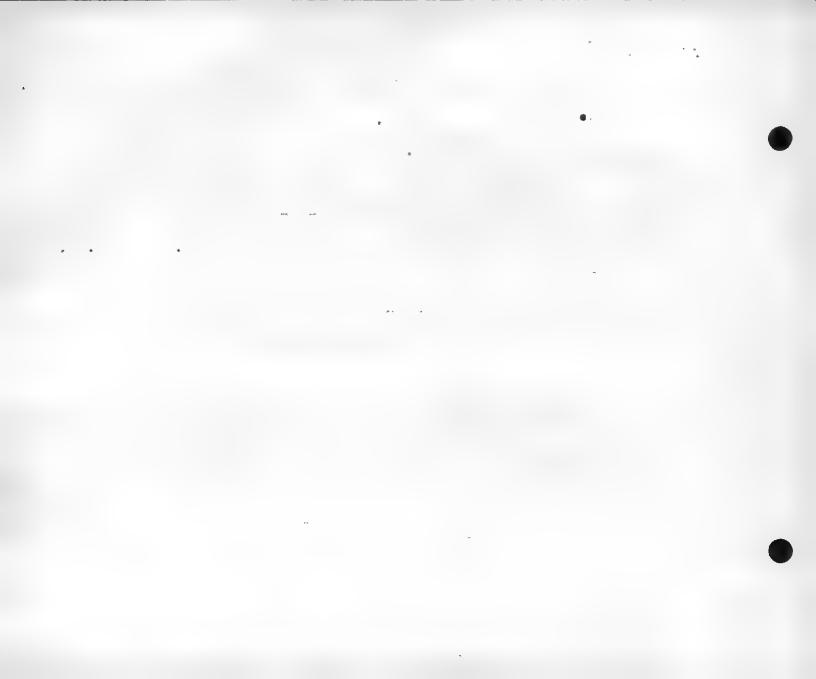
11 film 59 MARYLAND STATE DEPARTMENT OF HEALTH

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	DIVISIO	MAR N OF STATISTICAL RESE	ARCH AND RECORDS  CERTIFICATION		N STREET,	BALTIMORE		LAND
-	PLACE DE DEAT	у	CERTIFICAT			d fined 15 best-bath		
1	a. COUNTY			2. USUAL RESIDENT a. STATE	NE (AAlbeie neceszei	b. COUNTY		
-	Baltim		MARYLAND		RYLAND		XXXX	XXXXX
	write RURAL	/N (if outside corporate limits, and give nearest town)	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corpora	te limits, write Ri	URAL and gh	ve nearest town)
_	Towson		26 days	ANNA	POLIS			
L	O. NAME OF HU	SPITAL OR INSTITUTION (if not in i	iospital, give street address)	d. STREET ADDRESS				ON A FARM?
		R BALTIMORE MEDIC	AL CENTER	8 MA	RYLAND	AVE		res No
3	NAME OF DECEASED	First	Middle	Last	I 4. DATE	Month	Day	Year
	(Type or print)	JANE	[-]	MILLER	DF DEATH		1	1967
5	. SEX	6. COLOR OR RACE   7. MARRIED	NEVER MARRIED	. DATE OF BIRTH	9. AG	E (In years   IF UN		
L	Female	Cauc. WIDOWED	DIVORCED	6/6/1894	7	3 yrs.	ths   Days	Hours Min.
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1	3. FATHER'S NAN	IE	CA J L S V	MARYTA  14. MOTHER'S MAIL	EN NAME			2013
	T ATTO	ENCE MILLER		( Y20011	E. (	stto	N.	
	5. WAS DECEASED	EVER IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO.   17.	INFORMANT		Address		
ľ	res, 116, or Unkawn)	(If yes give war or dates of service)	10 700		A			
=	I 18. CAUSE OF	DEATH (Enter only one cause per	25-18-179B	PATTENT'S	_CHART_		I INTE	RVAL BETWEEN
L			rcinomatosis				ONS	ET AND DEATH
1	165X		TCTTOsia TOSTS					
L	Conditions, If	any which \ Ca	rcinoma of lung					
	gave rise to	Immediate (	Tonomo of Tung					
	cause (a), s underlying caus	1						
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CERTIFICATION	OR CONTRIBUT	WAS UNDERLYING   20b. ING   CAUSE OF DEATH TIFY MEDICAL EXAMINER)	DESCRIBE NOW MOURT COOL	WARD: (Cittel intelligion)	infath to Late 1	or rait if or iter	11 20.)	
8			NJURY OCCURRED   20e. PLA	CE OF INJURY (Home, fa	ırm,  20f. (City	or town)	(County)	(State)
MEDICAL	Hour a.	m. While	Not While factor	ry, street, office bldg., e	tc.)	•		,
Ī				10/7	- 67	11/1 -	- 67	
		y that (1) (this hospital) attend			9 67, to		19_0/, th	at (1) (we) last
	saw the de 22a. SIGNATU	ceased alive on	/ 1967 and that	death occurred at	DEPM, from 1		on the date	
	Zea. SIGNATO	111 4 1	1	ATTENDING	MED.	STAFF -		
	22c. PHYSICIA	frum c. / ye	M.D	PHYS.	DIRECTOR	PHYS.	11/2/	0/
	22c. PHYSICI NAME (T	John E. Adams	. M. D.	Greater	Raltimo	re Medica	al Cen	tor
=	Ba. BURIAL, CREM		23c. NAME OF CEMETERY			ION (City, town ,o	-	(State)
14	REMOVAL (Sp	eclfy)	230, MAINE OF GENETERS	OR OREMATORS	Zou ROCAT	ion (one, town o	e gooding)	12/ 12
2	A. FUNERAL DIRI	CTØR 7	ADDRESS	1 25a. RFI	C'D BY REGISTRA	R I 25b. REGIST	RAR'S SIGN	ATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15050 CERTIFICATE OF DEATH 24 hours after death. Pages 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY Baltimore Catonsvilla o STATE Maryland b COUNTY Prince Geo. lease remave carbon papers. Pages 1 and in any event, within 72 haurs after b CITY OR TOWN (If outside carparate limits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (if autside carparate limits, write RURAL and give nearest town) Beltsville wks. d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Filled J Spring Grove State Hosp. 4505 Blackpool Drive YES NO [ ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 3 NAME OF Eirst Middle 4 DATE Month campletely Day Year DECEASED James 11 Moore 196 (Type or pnnt) DEATH S SEX 6 COLOR OR RACE 8. DATE OF BIRTH 9 AGE (In years 7 MARRIED NEVER MARRIED IE LINDER 1 YEAR IF UNDER 24 HRS 899 birthday) Manths Dows Haurs M 7-29-85 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane during most of working life even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT attending physician permit. Then please INDUSTRY COUNTRYS Pittsburgh Pa. 13 FATHER'S NAME be detached far use as the burial-transit permit. Then pl State Dept. af Health priar ta burial, crematian, ar remaval, 14. MOTHER'S MAIDEN NAME Milton Ida IS WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes no or unknown) (If yes give war ar dotes of service) 210-03-5 Chart 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit p DASET AND DEATH Acute Myocardial Infarction IMMEDIATE CAUSE (o) by the haspital ar attending physician. DUE TO Conditions, if ony, which gove ASCVD rise to immediate cause (a), DUE TO stating the underlying couse has been last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE COND T ON GIVEN IN PART 1(g) WAS ALTOPSY PERFORMED? After this certificate NO TO 200 ACCIDENT WAS INDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I of term 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) ((dunty) (State) Hour a m. Not While factory, street, office bldg , etc.) at work at work 21. I certify that (1) (this hospital) attended the deceased from TO FUNERAL DIRECTOR: Af-director, page 3 shauld be should be filed with the Si 1987 , to 11 19\_\_\_\_\_\_that (1) (we) last Page 4 may be retained saw the deceased olive on and that death occurred at M, fram causes and on the date stated above 22o. SIGNATURE 22b. DATE SIGNED MED DIRECTOR M,D PHYS 22c. PHYSICIAN'S 22d. ADDRESS O HOSPITAL NAME (Type) 3315 230 BURIAL, CREMATION 23b DATE THEREO (County) (State) 24.7 FUNERAL DIRECTOR AD/DRESS 2Sq REC D BY REG STRAR 2Sb REGISTRAR'S 5 GNATURE VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15951 15049 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) a. STATE b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If gryside carporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 40712 COR d STREET ADDRESS e IS RES DENC d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) NO /NAME OF DATE remove corbon Doy DECEASED OF and in any event, (Type or print) DEATH IF LINDER 24 FIRS 7 MARRIED DATE OF BIRTH (In veors lost birthdoy) HOLES WIDOWED 100 USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OF 12 CIT ZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) during most of working life, even if retired) **INDUSTRY** the attending physician sit permit. Then pleose 13. EATHER'S NAME IA MOTHER'S MAIDEN NAME crematian, or removal. IS WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Lus 615 Cherry (Yes, na, ar unknown) (If yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: signed by the buriol-tronsit ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? NO L 20g ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING ( CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20f (City or tawn) (County) (State) Hour am Nat While factory, street, office bldg., etc.) of work TO FUNERAL DIRECTOR: After ne deceosed from 2/6, 1964, to Mov 11, 1967 that (1) (we) last 1967, and that death accurred at 230PM, from causes and an the date stated above 21. I certify that (1) (this hospital) attended the deceased from. be retoined saw the deceased alive on Mov 11 22a SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS 22d. ADDRESS NAME (Type) Newland Edward Day Pickersgill 230 BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d EOCATION (City or Town) (County) (State) CHEMONAL PERIOD 11,13,67 Baltimore, Md. Greenmount ADDRESS 2So REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67 1961 Wm. Cook-Brooks Towson, Towson, Md.

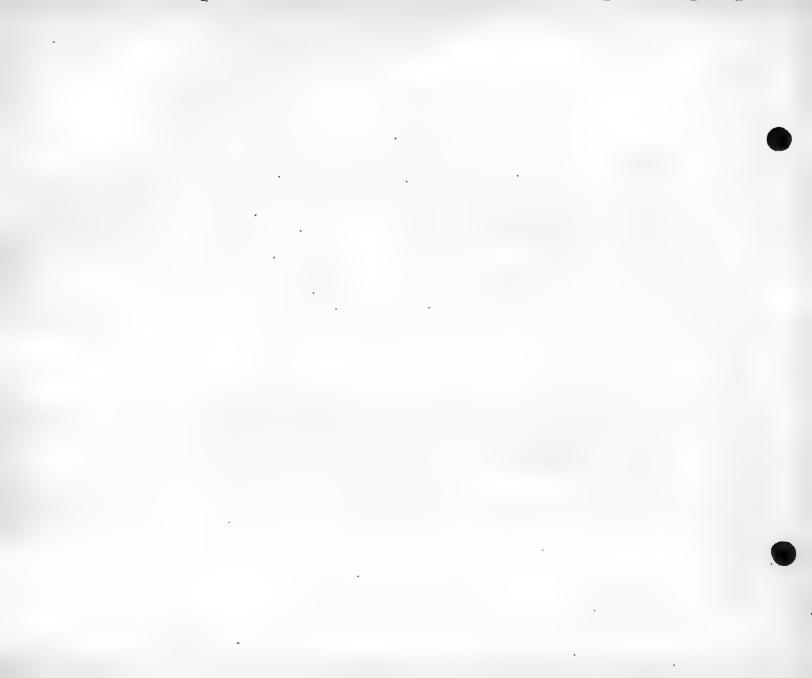


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15049 CERTIFICATE OF DEATH 15052 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY a. STATE ь соинту Maryland Balto. Baltimore MARYLAND 24 hours ofter CITY OR TOWN (If outside corporate imits, write RURAL and give nearest tawn) C LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 25 Yrs 1427 Providence Road d. STREET ADDRESS e. IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? 1427 Providence Rd. Balto. Md. 21204 Balto. Md. 21204 YES T NO F ease remove corbon patand in ony event, within low requires that the deoth certificate be executed within Middle 3 NAME OF 4 DATE attending physicion and completely formit. Then please remove corbon Month Year DECEASED 11-19-67 Moser Jr. (Type or print) John DEATH IF UNDER 1 YEAR IF JNDER 24 HRS S SEX 6 COLOR OR RACE B DATE OF BIRTH 9. AGE (In years 7. MARRIED **NEVER MARRIED** last birthday 10-14-84 Male White WIDOWED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during pass so swipping life even if retired) Store West Virginia 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME buriol, cremotion, or removal, JohnMoser Arline VanCamp WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address permit. (Yes, na. ar unknown) I(If yes give war or dates af service) 214 26 8475 Clarence A. Moser 1679 Thetford Rd. 21204 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c) signed by the burial-transit g PART I, DEATH WAS CAUSED BY ONSET AND DEATH 611 IMMEDIATE CAUSE (a) Page 4 moy be retained by the hospital or attending physicion. DUE TO Canditions, if any, which gave Eprous rise to immediate cause (a), DUE TO stating the underlying cause be detached for use os the Stote Dept. of Health prior to last. 19. WAS AUTOPS)
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RAR | 28b. REGISTRAR'S SIGNATURE 11-22-6 Parkwood ADDRESS 2So REC'D BY REGISTRAR 24. FUNERA, DIRECTOR Wm.E. Johnson, 8521 Loch Reven Blvd. 21204 DATENTAL Munila

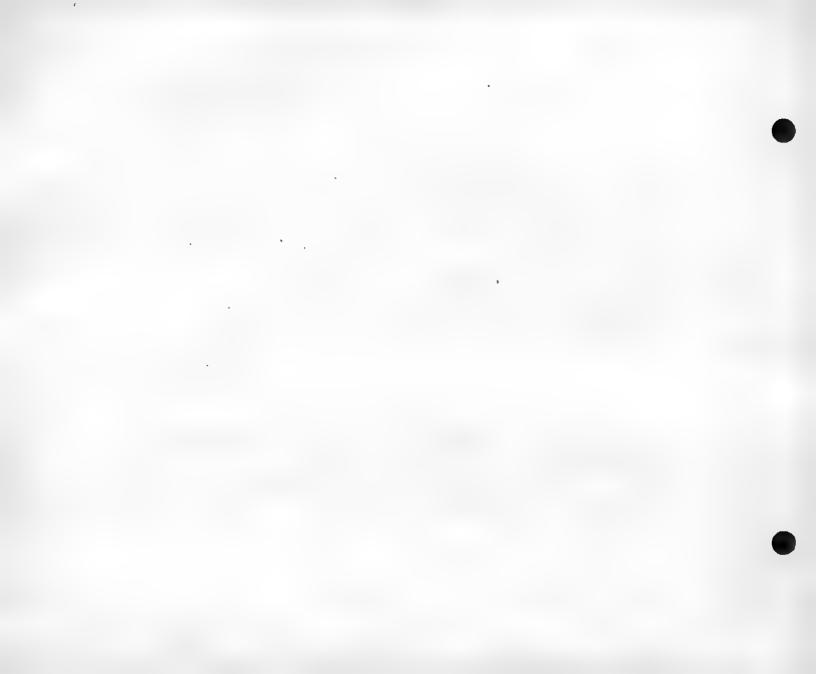
MARYLAND STATE DEPARTMENT OF HEALTH



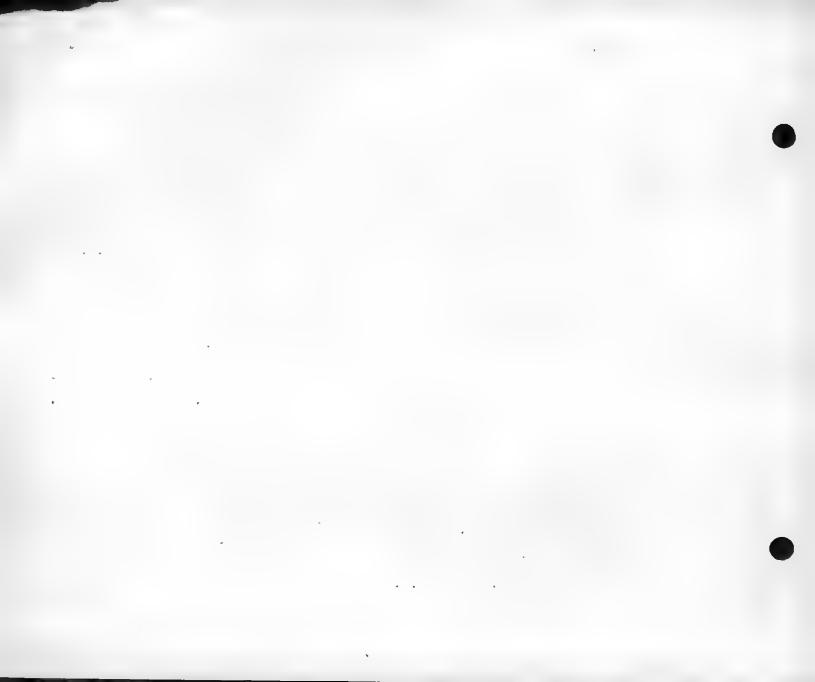
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	etain STOR: Shou		saw the deceased alive on 11-21-67 19 , and that death occurred at 8 PM, from the causes and on t	the date stated above.		
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	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in the state Dept.		PHYSICIAN'S NAME (Type) JOHN F. SCHAEFER MD 4CIRANDOM RD-BALTO.	21229 Mg		
	O HOSPITA Page 4 ma O FUNERAL director, p	23	BURIAL CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION /City. town or co	ounty) (State)		
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15754 5051 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death funerol and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate Limits, C LENGTH OF STAY IN 15 c. CITY OR TOWN (If perside corporate havits, write RURAL and a ve nearest town) write RUBAL and give neorest town filled in the marco popers. e. IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM YES NO NAME OF Middle DATE Year please remove corbon ¥ First signed by the attending physicion and completely buriol-transit permit. Then please remove carbon OF DEATH **DECEASED** November (Type or print AGE (In years FUNDER S SEX DATE OF BIRT 6 COLOR OR RACE 7 MARRIED NEVER MARRIED birtinday) Months Doys Hours and in any DIVORCED 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done dur names t of Norking life, even if retired) INDUSTRY PAIRSMAN 13. FATHER'S NAME MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, pp. or unknown) (If yes give wor or dotes of service) 5 cremation, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a) (b); and (c).) ONSEL AND DEATH PART 1 DEATH WAS CAUSED BY. 1160% IMMEDIATE CAUSE (o) physicion. OUE TO burial Conditions, if any, which gave nse to immediate couse (a). DUE TO Page 4 may be retained by the hospital or ottending os the prior to ! stoting the underlying cause O FUNERAL DIRECTOR: After this certificate has been last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) of Health p YES NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour om. factory, street, office bldg , etc ) While Not While at work 21. I certify that (I) (this hospital) attended the deceased fram. una should and that death accurred at saw the deceased alive an M, fram causes and an the date stated above 22b OATE SIGNED 220 SIGNATURE ATTENDING PHYS. STAFF DIRECTOR M.D. PHYS director, page should be filed ADORESS PHYSICIAN S 22c. NAME (Type) 23b. DATE THEREO! 23c NAME OF LEMETERY OR CREMATORY 23d LOCATION (City or Town) BUR AL, CREMATION (County) (Stote) MOVAL (Specify) REVO BY REGISTRAP 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH



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ပ်နှင်း <u>မှ</u> ာ	Burial Removal 11/6/1967 Beth Israe	1 Cemetery Woodbridge New Jeresy
VR A15 (4)	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR   25b, REGISTRAR S SIGNATURE
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MANAGER STATE CHANKEA

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) g. COUNTY **b** COUNTY & MARYLAND c CITY OR TOWN (If outs de corporate limits, write-RuRA) and give nearest town) b CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 16 write RURAL and give nearest town) cion ond completely filled in by the cose remove carbon popers. Pagand in any event, within 72 hours 47MYS RISON TARRIBAN Greenway e IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Charles St ON A FARM? YES NO IX 3. NAME OF 4 DATE Year DECEASED **OF** (Type or print) DEATH DATE OF BIRTH AGE (lo years 6 COLOR OR RACE 7 MARRIED IF JNDER 1 NEVER MARRIED yrthdoy) Months Days Hours WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done TOP KIND OF BUSINESS OR HPLAFE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT COLNTRY? during most of working life, even if retired) INDUSTRY TEACHER BALL 13. FATHER'S NAME barrial, cremotion, or removol, SCHRIEBER IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service MALCOLA Mount AVE. HOENIX, MO INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (d) ONSET AND DEATH burial-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physicion. DUE TO signed t Conditions, if ony, which gove rise to immediate couse (o). DUE TO stating the underlying couse prior to last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? hos NO X 50000 200 ACCIDENT WAS JNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18) OR CONTRIBUTING CAUSE OF DEATH be detached State Dept of (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, form, (County) 20c TIME OF N. JRY Month, Doy, Year 20d INJURY OCCURRED (City or town) (Stote) factory, street, affice bldg., etc.) While TO FUNERAL DIRECTOR: After 2). | certify that((1) (this bospital) attended the acceased from Oct 19 (7, thot(1) (we) last 1964 to 11 14 11-14 1967, and that death occurred at 10PM, from causes and on the date stated above sow the deceosed alive on 220 SIGNATURE 22b DATE SIGNED director, page 3 should be filed v M.D. PHYS. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BUR AL CREMATION (State) PEMOVAL (Specify) GROVE CEMPTERY 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE 1050 YORK VR A15 (4) 25M 1/67 TOWSON, Md. 21204 DATE IDWSON INC.



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15055

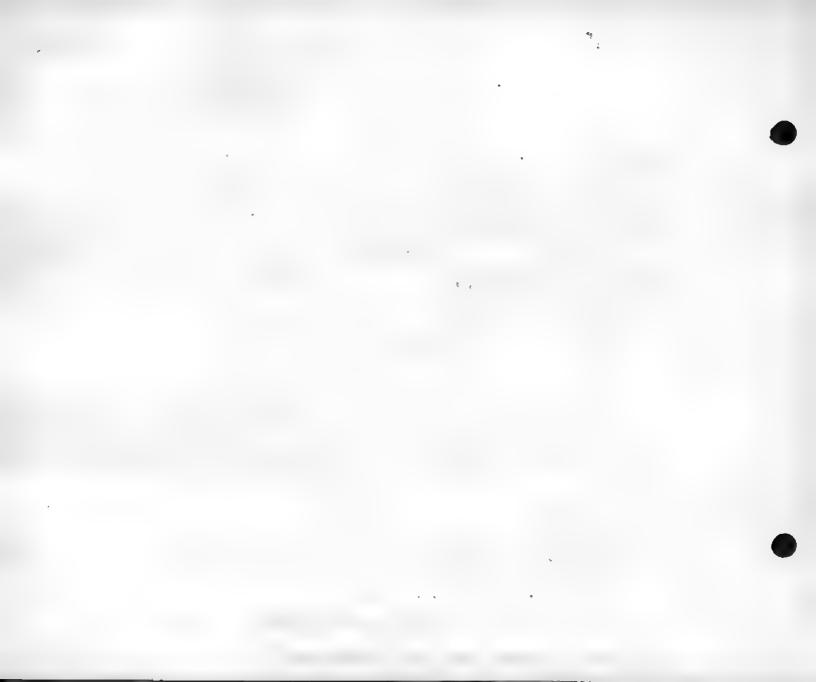
## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15058

	1 PLACE OF DEATH			2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission)				
	° COJNIY Baltimo	re	MARY,AND	o STATE Maryland Baltimore				
			c LENGTH OF STAY IN 16	c CITY OR TOWN (If or				
	Write KURAL ond give	b CITY OR TOWN (If outside carporate limits, write RURAL and give necess) town)  Baltimore						
		INSTITUTION ( f not an hospital,	, give street address)	d STREET ADDRESS		e S RESIDENCE		
.	700_Qua	d Aug		7010	Dunbar Road	ON A FARM?		
Н	3. NAME OF	First	Middle	Lost	4 DATE Month	Doy Year		
	DECEASED (Type or pnnt)	Claude	Edward		OF			
		OLOR OR RACE 7 MARRIED		Norman 8 DATE OF BIRTH	9 AGE (In years IF UNDER	7 1967 1 YEAR   IF UNDER 24 HRS		
	MOIE	WIDOWED		MAN ON 19	lost birthday) Months	Doys Hours Min		
	IDo JSUAL OCCUPAT ON (Give	kind of work done 10h	KIND OF BUSINESS OB	11 BIRTHPLACE (State	or foreign rountry) 12 (	ITIZEN OF WHAT		
	during most of wasking life ev	ren if retired)	INDUSTRY SALVACE	20 11	- C III	OJNTRY?		
	LABO	-	SHLYHOL	14. MOTHER'S MAIDEN	NAME COUNTY !!!!	V.J.H.		
	WIND TO	2 11.0		M M TO				
	1S WAS DECEASED EVER IN U	NOKMAN	SOCIAL SECURITY NO 17.	INFORMANT	SEXTON			
	(Yes, no, or unknown) (If yes		I. SOCIAL SELSKITE NO 17.	INFORMANT	Address			
	N.O							
	18. CAUSE OF DEATH (	(Enter only one couse per line fo is causen by:	or (o), (b) ond (c).)			INTERVAL BETWEEN ONSET AND DEATH		
,		IMMEDIATE CAUSE (a)	Electrocution —			# THE PROPERTY OF THE PROPERTY		
	7/73	DUE TO						
	Conditions, if any, which nse to immediate caus	(0)						
	stoting the underlying							
	lost	(c)						
	PART II. OTHER S GNIFIC	ANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COL	NDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? •		
	NOT IN THE STATE OF THE STATE O					YES NO		
	😐   200 EXTERNAL CAUSE W	AS 20b, [	DESCRIBE HOW NURY OCCURRED	(Enter notice of niury n	Port I or Port II of tem [8] contact with high t			
		contact with high t	ension wire.					
	20¢ T ME OF INJURY M			CE OF INJURY (Home, form		ounty) (State)		
	3:30 pm 1	1 7 1967 Whi		tory, street, office bldg , etc. <b>dway</b>	Essex Balt	o. Md.		
			emoins described obove, h		Inspection x, Inquiry .	ond in my op nion		
	deoth resulted fi							
deoth resulted from: Notural causes   , Accident   , Suicide   , Homicide   , Undetermined manner   CHIEF MEDICAL EXAMINER								
	ACTUAL	22. DATE SIGNED						
	SIGNATURE		· Or	— W D ASSISTANT WED	DICAL EXAMINER [3]			
	EXAMINER'S NAME (Type) Edwa	rd F. Wilson,	M.D.		t, city, town, or county) November	8. 1967		
	230 BUR AL CREMATION,	23b DATE THEREOF	23c NAME OF CEMETERY OR		23d LOCATION (City or Town)	(County) (State)		
	REMOVAL (Specify)	Nost in 181	2 Nove Carev	COMMUNITY	ATVINS	VA.		
	BURIAL DIRECTOR	11,011,011	ADDRESS	250. REC'I	D BY REGISTRAR 25b REGISTRAR'S	SIGNATURE		
	11,122,000	F. 4. = 20 U.	- NOTWINE	NS AVE DATENC	1011			
	IIIIBBAKU	I UNEXAL ME	SE TRUITING	MS AWA DAIL NIL	IN I DOI 1	7		

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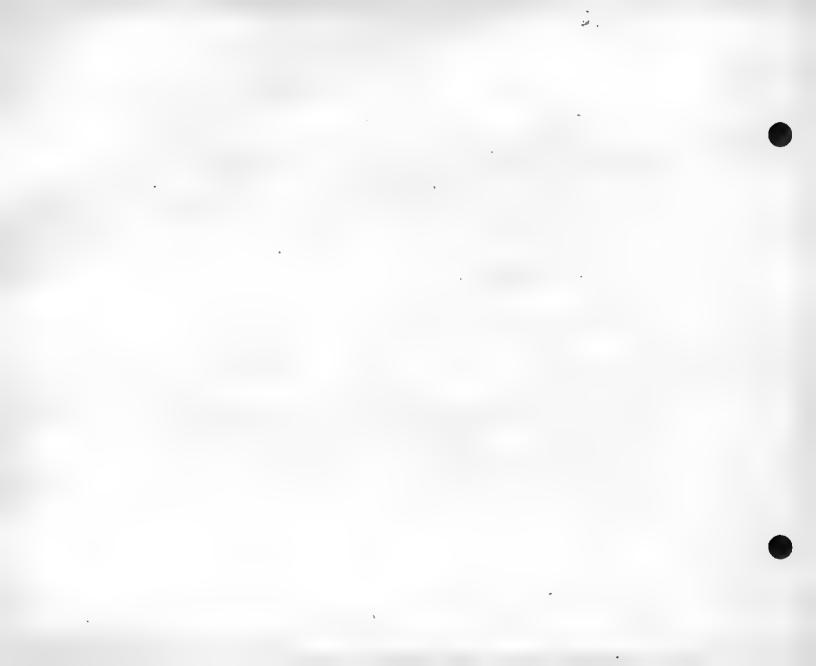


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15056 15959 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours ofter death 9 1 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH o. COUNTY BALTIMORE o. STATE b. COUNTY MARYLAND MARYLAND BALTIMORE (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (if outside carporate limits, write RURAL and give neprest town) c. LENGTH OF STAY IN 16 Baltimore TOWSON d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress) e IS RESIDENC by the attending physicion and completely filled in ransit permit. Then please remove carbon agencial ON A FARM? ST. JOSEPH HOSPITAL YES 3. NAME OF DATE First Doy Year DECEASED THOMAS and in ony event, O\*BRTEN DEATH (Type or print) S SEX 6. COLOR OR RACE AGE (In years 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH lost birthday) Months Doys Hours WIDOWED D VORCED NOVEMBER 23.1896 WHITE MALE 10o USUAL OCCUPATION (Give kind of work done 106 K ND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT design most of working life even if retired) COUNTRY? CHICAGO ILLINOIS

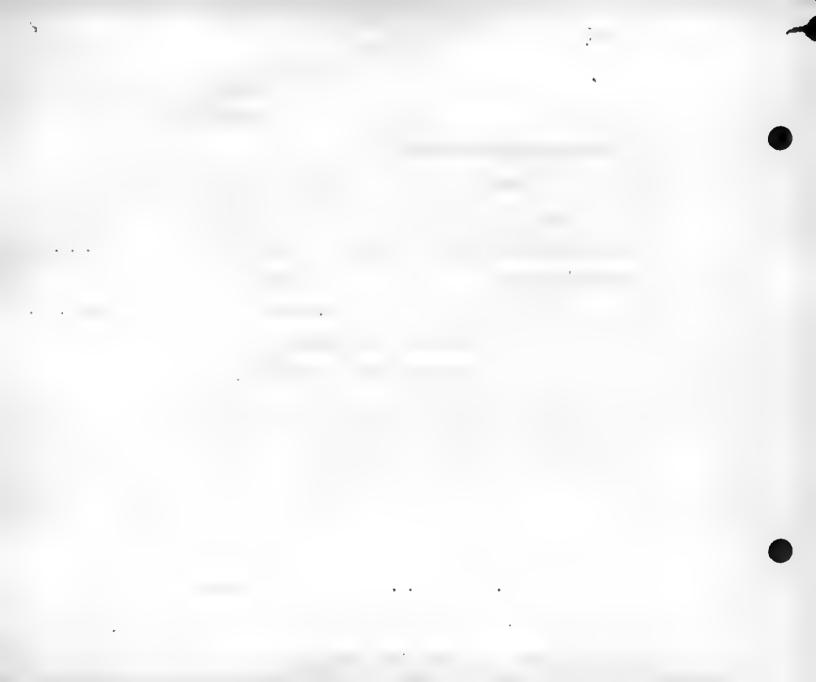
14. MOTHER'S MAIDEN NAME U.S.A 13. FATHER'S NAME or removal, Elizabeth Walsh Peter O'Brien 17. INFORMANT WAS DECEASED EVER IN JS ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no or unknown) (If yes gwowyar or dotes of service 2I 2-0I -2326 Mrs. Cecelia O'Brien same INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the buriol-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH CEREBRAL THROMBOSIS IMMEDIATE CAUSE (o) DUE TO SECONDARY TO ARTERIOSCLEROSIS Conditions, if ony, which gove rise to immediate cause (o), DUE TO Page 4 may be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been adirector, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to be stoting the underlying couse (a) ARTERIOSCLEROTIC HEART DISEASE last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) EMPHYSEMA NO X 200 ACCIDENT WAS UNDERLYING [ 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year Hour am. foctory, street, office bldg, etc.) Not While of work ot work 21. I certify that (I) (this haspital) attended the deceased framNOVEMBER 19, 1967, to NOVEMBER 209 67that (I) (we) last saw the deceased alive an NOVEMBER 2019 67, and that death accurred at 5.00 M from causes and on the date stated above 22o. SIGNATURE 22b DATE SIGNED ATTENDING STAFF PHYS. NOVEMBER 20,196 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) GUALBERTO GOKIM. M.D. 7620 YORK ROAD TOWSON. MARYLAND 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 11/24/67 23d. LOCATION (City or Town) 230 BURIAL, CREMATION,
BENCYAL Specify) (County) (Stote) Holy RedeemerCom. Balto. Md. 256 REGISTRAR'S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR וסטו VR A15 (4) Leonard J. Ruck Inc. Balto. Md. 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15^6B CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Baltimore MARYLAND b CITY OR TOWN (II outside carporate I mits. C LENGTH OF STAY IN 16 c CITY OR TOWN (II guts de corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) The law requires that the death certificate be executed within 24 haurs Parkville Vrs. d. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street oddress) papers hin 72 n d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? Filled NO U Powderhorn road Aldworth road NAME OF 4 DATE Middle Month Day Year carban **DECEASED** 15 UNDER 1 YEAR O'CONNOR burial, cremation, ar remaval, and in any event, (Type or print) GERTRUDE DEATH Nov S SEX 9. AGE ( n years 6. COLOR OR RACE IF UNDER 24 HRS 8 DATE OF BIRTH 7 MARRIED **NEVER MARRIED** last birthday) Months Days Haurs WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF 8USINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY attinding physician sermit. Then please at home Penn **LISA** 14. MOTHER'S MAIDEN NAME Alferd DuPont Henbis Lucy A. Thomas 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknown) ((if yes give war or dates of service) 16. SOCIAL SECURITY NO. 17 INFORMANT Address 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) -Fami-ly-Records INTERVAL BETWEEN **burial-transit** PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) signed by **O HOSPITAL OR ATTENDING PHYSICIAN**: The law requires the Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gave 3 nse to immediate couse (a), DUE TO stating the underlying cause as the with the State Dept. of Health priar to (c) 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION USE 0 NO D certificate JD. 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Haur a.m Nat While factory, street, allice bidg., etc.) p.m TO FUNERAL DIRECTOR: After 21. I certify that (I) (this besental) attended the deceased fram and that death accurred at 10,250M, from causes and an the date stated above saw the deceased alive on 220 SIGNATURE director, page 3 shauld be filed v DIRECTOR PHYS 22c PHYSICIAN'S 22d ADDRESS NAME (Type) MD. Harford road 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION. 23h DATE THEREOF (County) (Stote) BRENDYAL (Specify) 67 Parkwood Cem. Balto Co Md. 24. FUNERAL DIRECTOR ADDRESS REG STRAR VR A15 (4) C.F. EVANS & SON 8802 Harford road DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 24 hours after death. funeral 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) b. COUNTY QUEEN ANNE p. COUNTY o. STATE BALTIMORE MARYLAND b CITY OR TOWN (If outside carparate I mits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) write RURAL and give nearest tawn) GRAYSONVILLE 7 DAYS FORT HOWARD B IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL event, within NO X be executed within 3 NAME OF 4 DATE Year DECEASED OF DEATH 67 HARRY O DONNELL NOVEMBER (Type or pont) 19 COL AGE (In years 6 COLOR OR RACE DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** remaye birthdov Doys Hours AUGUST 3, VICTOR and in any MATE WIDOWED X DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CT ZEN OF WHAT U.S.A. during most of working life, even if retired) NDUSTRY requires that the death certificate INSPECTOR, OF OYSTERS STATE OF MARYLAND GRAYSONVILLE. MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remavai. attending phys MARTHA HORNEY THOMAS O'DONNELL 17 INFORMANT 15 WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates at service) 217 54 06 25 CLIN. RECORDS. VA HOSPITAL, FT HOWARD, MD. signed by the c burial-trans t pi burial, crematia 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. ONSET AND DEATH CONGESTIVE HEART FAILURE IMMEDIATE CAUSE (a) DUE TO Candit ons, if any, which gave ) ARTERIOSCIEROTIC HEART DISEASE rise to immediate cause (a). **DUE TO** stating the underlying couse the of Health priar ta 19. WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO IX Page 4 may be retained by the haspital or certificate CERTIFIC 20a ACC DENT WAS UNDER, YING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port, or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) Hour to m. Not While foctory, street, office bldg , etc.) at wark **DIRECTOR:** After 21. I certify that (Ex(this haspital) oftended the deceased from 19 to director, page 3 shauld should be filed with the and that death accurred at 3:00PM rom causes and an the date stated above 11/9/67 saw the deceased olive on. 22e. SIGNATURE 22b. DATE SIGNED 2 11/9/67 M.D. DIRECTOR 22d ADDRESS 22c PHYSICIAN'S TO FUNERAL CONRADO L. MANCAO, M.D. VAH FORT HOWARD, MARYLAND 23a BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify)
BURIAL Nov. Stevensville Cemetery Stevensville Maryland
ISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2Sq REC'D BY REGISTRAR VR A15 (4) Milianley Judge Stevensville, Maryland DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15862 OR ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 hours after death funeral I and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Baltimore o. STATE b. COUNTY er MARYLAND Maruland b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 15 c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) hours Baltimore Woodlawn d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? dod 1910 Greengage Road 4019 Old York Road signed by the attending physician and completely filler burial-fransit permit. Then please remave carban pap burial, crematian, or removal, and in any event, within NO y YES 3 NAME OF Middle 4 DATE Doy Year DECEASED OF DEATH Ottoviano November 19 67 Ormanno (Type or print) IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED 3 8 DATE OF BIRTH **NEVER MARRIED** birthdoy) Hours W 10/5/1874 WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. Retired-Shoemaker
13. FATHER'S NAME Italy ממוזל Business 14. MOTHER'S MAIDEN NAME Unknown Ormanno 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown). (If yes give wor or dates of service Same 218-54-3999 Mrs. Josephine C. Ormanno INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I, DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUE TO Two days. Bronchopneumania Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse page 3 should be detached far use as the efiled with the State Dept. of Health priar ta 19 WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) has CERTIFICATION Semility NO D this certificate 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port II of item 18) 200 ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour om Not While foctory, street, office bldg., etc.) After ot work 19.67, to Nov. 17 21. I certify that (1) (this hospital) attended the deceased from Nov. 16. , 19.67, that ((1) (we) last saw the deceased alive on\_ Nov. 17 O FUNERAL DIRECTOR: 1967, and that death occurred at 4.30 P.M. from causes and on the date stated above 226 DATE SIGNED NOV. 18, 1967 22o SIGNATURE STAFF PHYS DIRECTOR aces 5 M.D. PHYS 22c. PHYSICIAN'S NAME (Type) 911 Rambling Drive, Catonsville, Md. Raul Lopez director, I shauld be 23d LOCATION (City or Town) BUR AL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Baltimore Md. Holy Redeemer 11/21/67 Burial 256 REGISTRAR'S SIGNATURA FUNERAL DIRECTOR Sons Co. 4905 YOTER VR A15 (4) 25M 1/67

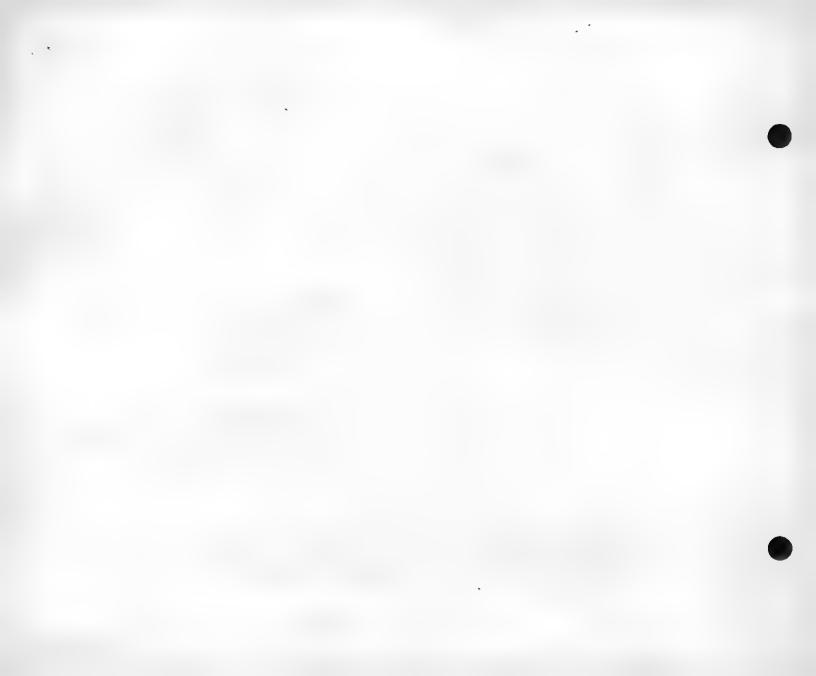


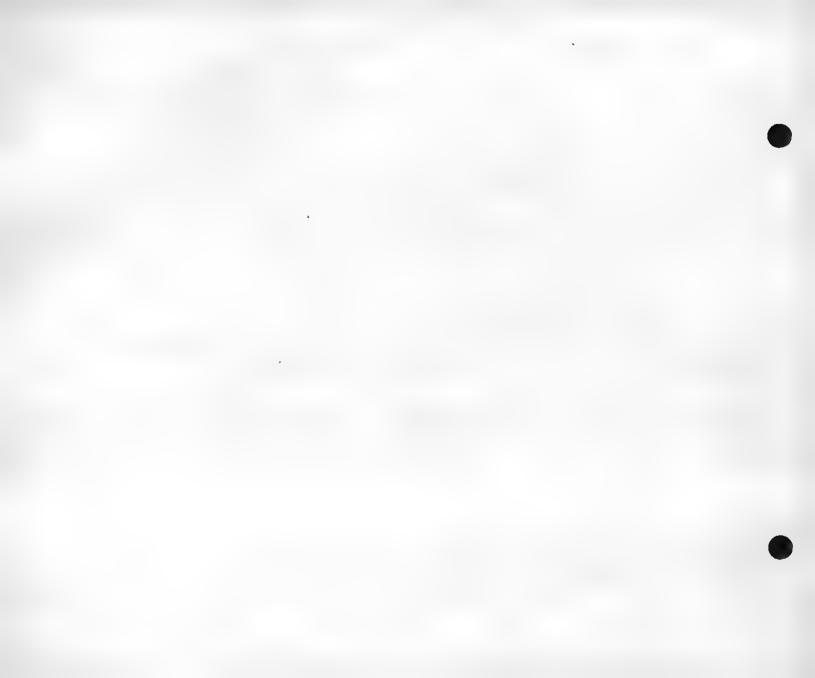
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15060 15063 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, functifut an Residence before admission) o. COUNTY b. COUNTY BALTIMORE MARYLAND CLENGTH OF STAY IN 16 b CITY OR TOWN (f autside carparate limits, c. CITY OR TOWN (If autode corporate fimits, write RURAL and give nearest tawn) write RURA, and give nearest town)
BARRISON DAYS Timore NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e S RESIDENC ON A FARM? Foxleigh Nursing Home GARRISON MA NO 🔽 NAME OF 4. DATE Year DECEASED ZORUSKI 67 (Type or pont) DEATH IF JINDER I YEAR 7. MARRIED NEVER MARRIED AGE (In years hirthday) Haurs WHITE DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR (County & State, or fareign country) 2 CITIZEN OF WHAT during mast of working life, even if retired) INDUSTRY U.S.A CHAND 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar remayal, Pieklo Unknown Address Phoenixville 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, na, or unknown) (If yes give war ar dates of service) 179-09-3802D Kepp Funeral Home, 416 S. Main St. crematian, 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove (b) nse to immediate couse (a). DUE TO stating the underlying couse PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) certificate has PERFORMED? NO OR ATTENDING PHYSICIAN: 20g ACCIDENT WAS LINDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or town) (County) (State) Haur om. Nat While factory, street, affice bldg etc.) O FUNERAL DIRECTOR 220 SIGNATURE 22b DATE SIGNED 22c PHYSICIAN'S NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 23g BURIAL CREMATION. Phoenixville, Pa. Holy Trinity Cemetery 11-27-1967 ADDRESS 24 FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Ave. 21227 25M 1/67





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15062 15005 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, it institution. Residence before admission) Baltimore MARYLAND b CITY OR TOWN ( f outside corporate limits, c (LTY OR TOWN (If outside corparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 Mount Willeam one gre neorest town) Colon OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Burnie 2 months 4 days d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS S RESIDENC 318 Mount Wilson State Hospital YES NO 3 NAME OF DECEASED Middle last 4 DATE Dov THOMAS PEARMON DEATH 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years IF UNDER 7 MARRIED N NEVER MARRIED last birthday) Manths Male Negro WIDOWED DIVORCED or removal, and in any 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) COUNTRY? Anne Azundel Co. Md W.S.A. Los Gorez 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Peanmon 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, arunknown) (If yes give wor ar dates of service) 15 -07-6757 Records, Mt. Wilson State Hospital 18 CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c) PART I. DEATH WAS CAUSED BY NTERVAL BETWEEN Ca of the Brain, metastate ONSET AND DEATH IMMEDIATE CAUSE (a). DUE TO Ca of the Cong, Rt Conditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? ficote NO 200 ACCIDENT WAS UNDERLYING IT 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or fawn) factory, street, affice bldg, etc.) 21 I certify that (1) (this hospital) attended the deceased from 9/25/6 sow the deceased alive on 11/29/ 1967, and that death occurred at 1350 M, from causes and on the date stated above 22a SIGNATURE 22b. DATE SIGNED M D DIRECTOR 22d ADDRESS O HOSPITAL Wm NAMENewcomer, M.D., Superintendent Mount Wilson, Maryland 23d LOCATION (City or Town) (County) HALL'S CHURRH CEM. MARLEY DEC 4 1967 123 W. MONTGONICK VR A15 (4)





Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15064 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND (IIY OR TOWN (If actiside carparate limits, Maryland CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Baltimore 27 206 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? 5614 Denwood Avenue St. Joseph Hospital YES NO IX NAME OF First Middle DATE Last Month Day Year DECEASED
(Type or print) Peters, Sr. 1967 November William Thorn burial, cremation, ar removal, and in any event, S SEX IF UNDER 1 YEAR IF JNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED 8 DATE OF BIRTH AGE (In years NEVER MARRIED last burthday) Manths Days Baurs Sept. 10.1890 White WIDOWED Male DIVORCED 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CIT.ZEN OF WHAT INDUSTRY COUNTRY? Baltimore, Maryland retired -Salesman 14 MOTHER'S MAIDEN NAME 13 FATHER S NAME Elizabeth Bond George V. Peters 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknown) (If yes give war or dates of service Same Mrs. Mary C. Peters Yes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Undetermined signed by 1 IMMEDIATE CAUSE (a) DUE TO Chronic debilitation Conditions, if any, which gave (b) rise ta immediate cause (a). DUE TO as the prior tak stating the underlying cause Page 4 may be retained by the haspital or attending has been Osteoblastic sarcoma last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 19 WAS AUTOPSY PERFORMED? director, page 3 shauld be detached for use should be filed with the State Dept. of Health NO X MED CAL CERTIFICAT YES TO FUNERAL DIRECTOR: After this certificate 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. foctory, street, affice bldg, etc.) at wark 2]. I certify that (1) (this haspital) attended the deceased fram Nov. 10, 1907, ta Nov. 23, 1907, that (1) (we) last saw the deceased alive an November, 23.19 67, and that death accurred at 3:30 M. from causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. Nov. 23, 1967 DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S A. S. Sayoc 7620 York Rd. 21204 NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION. (State) (County) REMOYA. (Specify)
Burial Md. Baltimore Greenmount 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** York Road Jenkins S Sons Co. 4905 ythanker Judge

MARYLAND STATE DEPARTMENT OF HEALTH





1.	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
1		CERTIFICATE OF DEATH	15069
)	offer death.	1 PLACE OF DEATH  D. COUNTY BALTIMORE  MARYLAND  D CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (if outside corporate limits, write RUR.	ITY
	within 24 hours offer rely fill common the information pages, within methods offers, within methods offers.	write RURA. and give neorest town)  A MO 26 days  BALTIMORE  d NAME OF HOSPITAL OR INST TUTION (if not in hospito, give street oddress)  TONE 1014 NURSING HOME GARRISON MD 3452 ELM AVE  3 NAME OF First Middle POOL - OF	e IS RESIDENCE ON A FARM? YES NO
	ificate be executed a hysicion and camplet please remaye carrat, and in any event,	S SEX   6 COLOR OR RACE   7 MARRIED   NEVER MARRIED   8 DATE OF BIRTH   9 AGE (In years last birthday)	Manths Doys Hours Min  12 CITIZEN OF WHAT COUNTRY 2  A
	by the haspital or attending physicion.  by the haspital or attending physicion.  ther this cert ficate has been signed by the attending physician and campletely fill.  be detached far use as the burial-transit permit. Then please remave carban papers. Pages State Dept. at Health prior to burial, cremation, ar remaval, and in any event, within Pethols after	FRANCIS WASHINGTON POOLE EMMP SMART  15. WAS DECEASED EVER IN L. S. ARMED FORCES? (Yes, no., or unknown) (If yes give wor or dotes of service)  16. SOCIAL SECURITY NO  17. INFORMANT  Address	
		Conditions, if any, which gove its to immediate cause (a), stating the underlying cause lost  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
	PHYSICIAN: The le haspital ar atti his cert ficate has etached far use of Dept. af Health p	20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH OF EITHER NOTIFY MEDICAL EXAMINER)	YES NO 🔯
	O HOSPITAL OR ATTENDING PHYSICIAM: The faw ranges 4 may be retained by the haspital ar attending of FUNERAL DIRECTOR: After this cert ficate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to	20c. TIME OF .N.JRY Month, Doy, Yeor Hour o.m.  19 While of work of wo	(County) (Stote) , 19 \( \lefta \), that \( \lefta \)] (we) lass and an the date stated above 22b DATE SIGNED
	TO HOSPITAL OR ATTEND  TO HOSPITAL OR ATTEND  Page 4 may be retained  TO FUNERAL DIRECTOR: A  director, page 3 shauld  shauld be filed with the	22c. PHYSICIAN S NAME (Type)  230 BJRIAL, CREMATION, PEMOVAL (SFECTLY)  231 DATE THEREOF  232 NAME OF CEMETERY OR CREMATORY  233 DATE THEREOF  234 LOCATION (City or Town Springs)  235 MARIE OF CEMETERY OR CREMATORY  236 LOCATION (City or Town Springs)  24 FUNERAL DIRECTOR  25 M REC BY REGISTRAR  250 REC  25 M REC BY REGISTRAR  26 M REC BY REGISTRAR  27 M REC BY REC BY REGISTRAR  27 M REC BY REGISTRAR  27 M REC BY REC BY REGISTRAR  27 M REC BY REC BY REGISTRAR  27 M REC BY REC	wn) (County) (State)  G STRARS SIGNATURE  WE STRANGE SIGNATURE
		- frequently to four for a superior	1 0 0



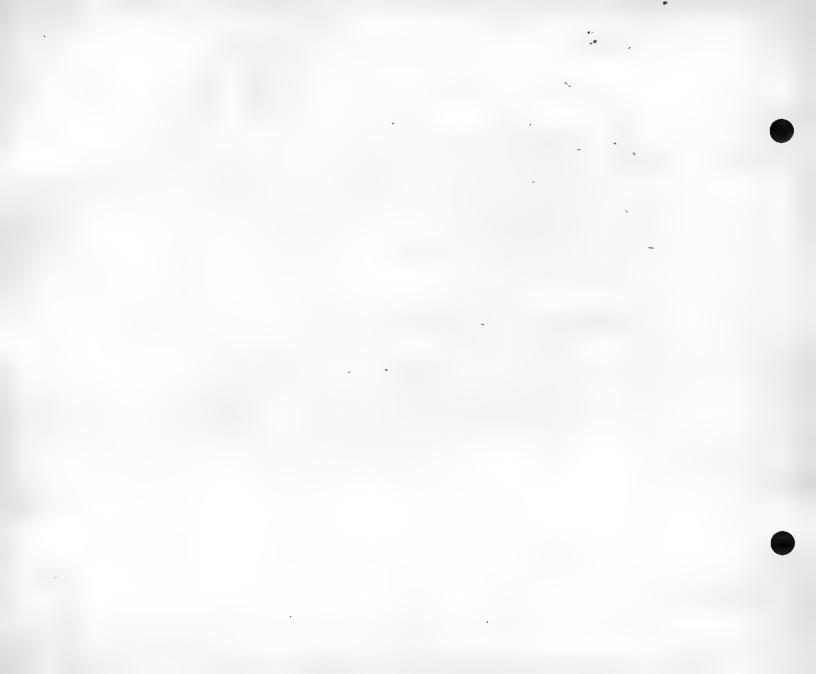
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15067 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased ) yed, if institution Residence before admission o COUNTY o STATE b. COUNTY BALTIMORE MARYLAND Pag b CITY OR TOWN ( I outside corporate lim ts c LENGTH OF STAY N ID c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town) DUNDAUK DUIVPALK de The d NAME OF HOSPITAL OR INSTITUTION ( finot in hosp to give street address) d STREET ADDRESS ON A FARM? 8. Give Pages YES NO 🖎 24 haurs after death Office alang with NAME OF 4 DATE Middle DECEASED OF OMAS POWELL (Type or print) DEATH F UNDER 1 YEAR 5 SEX DATE OF BRTH AGE ( n years IF UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED Months Hours DIVORCED WIDOWED 10o USUAL OCCUPAT ON (Give kind of work done 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired)

Lyin BERMIN

13 FATHER'S NAME INDUSTRY CHIZOLINA NORTH d "pending" n pencil in Chief Medical Examiners レロロ わだほ 14. MOTHER'S MAIDEN NAME be executed within BRHDSMAW WILLIAM 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO event within 3403 UIBERTY PIC 1B CAUSE OF DEATH (Enter only one couse per NIERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o This certificate shauld DUE TO λup Conditions, if only, which gove te, writing the v farwarded ta tl rise to immediate cause (a). **DUE TO** stating the underlying couse remaval, PART I OTHER SIGNIFICANT TONDET ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART INC. 19 WAS AUTOPSS PERFORMED? NO A 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW NURY OCCURRED (Enter nature of injury in Port Lar Part II of Item 18 PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20e PLACE OF N'URY (Home, form) factory street office bldg etc.) 20c T ME OF INJURY Month, Day 20d INJURY OCCURRED Stote) of work of work 21 I certify that I took charge of the remains described above, held an Autopsy Inspection / and in my ap nian Suicide funeral directar death resulted from Natural causes Hamic'de Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAM NER prior SIGNATURE FUNERAL **EXAMINER'S** NAME (Type) THEODOR PATTERSON M.D Address (Street city fown or rounty) DUNDA 236 NAME OF TEMETERY OR TREMATORY (ate) 13 UIZ I IT C BROOK LYN CEPHR SE RESTRARS SIGNATURE 250 REC D BY REGITRAR 24 FLINERAL DIRECTOR VR A15ME (6) Minutes ULLRICH PUNERAL HOME-DUNDALK MI



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 15068 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERT! PLACE OF DEATH a. COUNTY g. STATE b. COUNTY Page 5 MARYLAND delay ment CLENGTH OF STAY N 16 b CTY OR TOWN (It autside corporate im ts autside carparata limits, write RURA, and give nearest towns puo 2, c. PM3 .NSTITUTION (If not in baspital, give street address) d. STREET ADDRESS e LS RES DENCE ON A FARM? in Item 18. Give Poges NO E NAME OF 4 DATE Office olong with First Last Day Yéar DECEASED OF 19 DEATH AGE 'In years IF JNDER 1 YEAR F UNDER 24 HRS S SEX 6 COLOR OR RACE NEVER MARRIED 7 MARR ED DATE OF BIRTH Months last birthdoy) Days Hours event within 72 hours ofter death WIDOWED DIVORCED 10b KIND OF BUSINESS OR BIRTIPLACE (Stote or foreign country) 12 (ITIZEN OF WHAT INDUSTRY COUNTRY? Medical Examiner's 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME in pencil IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT (Yes, na, ar unknawn) (If yes give wor or dates af service) 17-01-7318 18 CAUSE OF DEATH (Enter only one cause PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (%) DUE TO in any Conditions, if any, which gove rse ta mmed ate couse (a), 0 DUE TO stating the underlying couse removol PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? NO pe pe 200 EXTERNA, CAUSE WAS 20b DESCRIBE HOW NURY OCCURRED (Enter nature of injury in Port I or Port II at item 18) 3 should PRIMARY TO or CONTRIBUTING . CAUSE OF DEATH cremation, 20c TIME OF NURY Manth, Day Year 20d NJURY OCCURRED 20e PLACE OF NJURY (Mame farm (City or town) (County) (State) Haur a.m. Nat While factory, street, office bidg . etc.) at wark 21 I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry , and n my apinian DIRECTOR: Suicide \* Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22 DATE SIGNED ASSISTANT MEDICAL EXAMINER may be re FUNERAL 6 prior DEPUTY MEDICAL EXAM Charles Address (Street city town or county) (County) 0 2So RECD BY REGISTRAR VR A15ME (5) 6M 1/67 DATE



		DIVISION OF STATISTICAL RESE				RE 1,						
	1.	PLACE OF DEATH a. COUNTY Baltimore	BAADVI ABIA		CE (Where deceased lived, 1f Insti							
		b CITY OR TOWN (if outside corporate Hmits, write RURAL and give nearest town) Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in h	c. LENGTH OF STAY IN 1b Yrs.	Texas	c. CITY OR TOWN (If outside corporate limits, write RURAL e							
1	Но	use in the Pines, Catonsv			e. IS RESIDENCE ON A FARM? YES NO X							
		NAME OF DECEASED (Type or print)  SEX   6. COLOR OR RACE   7. MARRIED	Middle Carey	Last Quinn 8. DATE OF BIRTH	4. DATE Month DF DEATH NOVEMBER  19. AGE (In years   1)	ETIMOED I VEAD HE HINDER 24 HPS						
	M 10a	ale White WIDOWED		Apr. 30, 18	last birthday) [K	Months Days Hours Min.  12. CITIZEN OF WHAT COUNTRY?						
		Maintenance Se	minary	Marylan	OEN NAME	U.S.A.						
	15 (Ye	s, no, or unkown) [(If yes give war or dates of service)]		INFORMANT	2600 Wentwor n, Baltimore, M							
		PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (a), (b), and (c).]	Dufarel	ion	INTERVAL BETWEEN ONSET AND DEATH						
		Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO  DUE TO  DUE TO  Chronia Brain Agridance  DUE TO										
)	CERTIFICATION	Underlying cause last. (c) Critical Part II. Other SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)										
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			of injury in Part I or Part II of							
	MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. 1 Hour a.m. While p.m. 19 at wor	fact	ACE OF INJURY (Home, f tory, street, office bldg.,	etc.)	(County) (State)						
		21. I certify that (I) (this hespital) attended the deceased from 9-2-, 1964, to // 5-, 1967, that (I) (we) last saw the deceased alive on 12-3-1967, and that death occurred at 300 M, from the causes and on the date stated above.										
		Webons K. Sullage	M	D. PHYS. 22d. ADDRESS	MED. STAFF PHYS.	11-6-67						
	020	NAME (Type) WI MEYK GE	2 1/2,9 ° 7	6209 Fre	1 23d. LOCATION (City, tow	vn or county) (State)						
	E	REMOVAL (Specify) Nov. 8, 1967	St. Joseph (	Cemetery	Texas, Maryl	and						
		m. Cook→Brooks Towson, 10	ADDRESS 050 York Road owson, Maryland			SUSTRAR'S SIGNATURE						

VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15674 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY 3 PLACE OF DEATH o STATE b COUNTY MARYLAND c LENGTH OF STAY IN 16 c. ( TY OR TOWN (If autside corporate limits, write RURAL and give necrest town) b CITY OR TOWN (If outside carporate limits, 24 hours write RURAL and give neorest town) Timere e IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? YES NO OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 4 DATE 3 NAME OF last. Year Pag OF DECEASED 19 6 DEATH (Type or print) reprace 20 VOV remave car IF UNDER 24 HRS **IE LINDER 1 YEAR** S SEX 6 COLOR OR RACE NEVER MARRIED 8 DATE OF BIRTH AGE in years lost birthdoy) Months Dovs Hours DIVORCED and in any 12 CITIZEN OF WHAT 10a. USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) physician c nen please during most of working life, even if retired) INDUSTRY Store. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME burial, cremation, ar remayal, IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMAN (Yes, no, or unknown) (If yes give wor or dates of service 42-45 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ar attending physician. 165 X DUE TO Canditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse as the prior to 1 lost. PERFORMED?
YES NO has PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Health | this certificate 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of unusy in Port t or Port til at item 18) 200 ACCIDENT WAS UNDERLYING [ by the hospital OR CONTRIBUTING CAUSE OF DEATH OF EITHER NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form: (City or town) (County) (Stote) 20c TIME OF NJURY Month, Day Year factory, street, office bldg, etc.) Nat While of work of work attended the deceased from 21. I certify that (1) (this haspital) be retained death occurred of and that front causes and an the date stated above O FUNERAL DIRECTOR: saw the deceased alive STAFF DIRECTOR director, page 3 should be filed v M.D 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d 10CATION (City or Tawn) 230 BURIAL CREMATION. 236 DATE THEREOF (County) (Stote) REMOVAL (Specify) or chester Lemorial Farle Cambrida 256 REGISTRAR S SIGNATUR 250 RECD BY REG STRAR FUNERAL DIRECTOR **ADDRESS** 



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY b COUNTY Maltimore Dalt\_ilOr€ MARYIAND b CITY OR TOWN (If autside corparate limits, write RURAL and give pearest town) c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 21228 Catonsville 1609 Frederick Rd. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) S RESIDENCE ON A FARM? d STREET ADDRESS Rd //J/d//Hd. within Shadynook Nursing Home YES 1 ON [ NAME OF Last 4 DATE DECEASED Katherine (Type or pont) Rees DEATH November remave car 6 COLOR OR RACE 7 MARRIED X 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR NEVER MARRIED last, birthday) Manths Days Hours Gct. 1/94 and in any WIDOWED Female DIVORCED and 10a JSUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY HUTZLer COUNTRY? Bilto., r.d. pros. USA 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remayal. Late - Am. Hensel Late- Elizabeth ----15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service) MFORMANT Dutton Ave. - 21228 16. SOCIAL SECURITY NO. 215-09-2776 burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN signed by the ONSET AND DEATH al-transit Terminal Bronchopneumonia IMMEDIATE CAUSE (o) Progressive Parkinsonism ) Conditions, if ony, which gave Chronic Brain Syndrome 5 vears rise to immediate cause (a), DUE TO stating the underlying cause as been a sa the prior tak 5 years () Diabetes Mellitus 19 WAS AUTOPSY PERFORMED? 200 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO this certificate Page 4 may be retained by the haspital O FUNERAL DIRECTOR: After this certifical 20a ACCIDENT WAS UNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of njury in Part I at Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year Haur a.m. 20d INIJRY OCCURRED (City or town) (County) (State) factory, street, office bldg., etc.) Nat While at wark at wark 21. I certify that (I) (this hospital) attended the deceased from January 4, , 1964, to November 18967, that (I) (we) last saw the deceased glive an 11/18/67 19 , and that death accurred a 9:30AM, from causes and an the date stated above. 22a SIGNATURE 22b. DATE SIGNED STAFF PHYS. midH director, page 3 shauld be filed v 11/20/67 M.D DIRECTOR 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) Emidio Bianco, M. D. 3350 wilkens Ave. 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) 230 BURIAL CREMATION. (County) REMOVAL (Specify) woodlawn Cem, L ltimore, rd. 11/21/67 ADDRESS 24 FUNERAL DIRECTOR 2Sa REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Witzke F. D. - 4101 Edmo dson Av. 25M 1/67

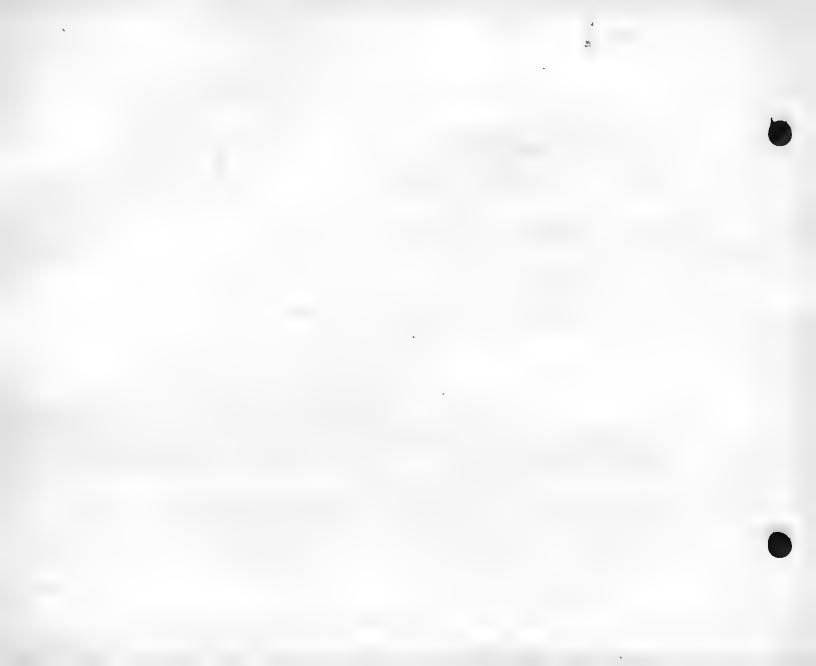


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	八六		15073			CERTIFIC	CATE	OF DEATH			158	76	
24 haurs ofter death	uneral and		PLACE OF DEATH	Baltimore				2 USUAL RESIDENCE (V o. STATE	Vhere decease	ed I ved, if institut b. COU	NTY	,	
ofter	, was (2)	-,			5,	c LENGTH OF STAY IN		c CITY OR TOWN (if ou	tside carparat	te limits, write RU	RAL and give neare		
300	Page Outs-aff			If autside carparate imit d give nearest tawn) 212					ville	8,Ma.		84	
4 h	E 27.5			AL OR INSTITUTION (If no	, ,			d STREET ADDRESS				e IS RESIDENCE ON A FARM?	
in 2	18 B E			gh Kursing			*	17 E.Sud				YES NO []	
with	carban carban ent, witl	3	NAME OF DECEASED Type or print)	**	rst	Middle		Lost Demonstrate	4. DATE OF	Mon			
pa		S		6 COLOR OR RACE	7 MARRIED	Cockey  NEVER MARRIED		Regester DATE OF BIRTH	DEATH	AGE (In years	5,196	1 19 67 THE UNDER 24 HRS.	
xecut	remave	1	Fe. ale	White	WIDOWED	DIVORCED		t.22.1337	,	Jost berthday)	Manths Days	Haurs Min	
e be	ician and lease rem and in on	10a USUAL OCCUPATION (G ve kind of work done during most of working life, even if retired) IND HOUSEWILLE OT				D OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or LSTRY Will home Pikesville, 1)				COUNTRY 2			
icat	physician c nen please oval, and i	13.	FATHER'S NAME	1210		WII ITOMIC		14. MOTHER'S MAIDEN N			0.0.	ATA de	
ertif	ph)		Tho	Las B. Cocl	Kev			hary War.	field	Cocket			
뱎	attending p permit. The ian, ar remo	1S (Ye		R IN U.S. ARMED FORCES? (If yes give wor or dates o	of service) 16 :	SOCIAL SECURITY NO		FORMANT		Addr		svilles,	
dec	attendir permit. ian, ar re		110	Houe	[21		ur.	Henery Sli	cer ke	gester,			
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E	aine		saw the d	eceased alive on	2119	1) 19 6 / an	nd that	death accorred at	// 30 1/ M	, tram causes	and an fife dat		
8	DIRECTOR: / DIRECTOR: / ge 3 shauld ged with the		220. SIGNATORE	Paul	KI	Corps	M.D	1	MED. DIRECTOR	STAFF PHYS		-67	
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		DIVISION		ARYLAND STATE DEP ECORDS, 301 W. PREST				RYLAND 21201			
-7 T	874			CERTIFICATI	E OF	DEATH			15	377	
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	IGNATURE	Ma	for	m / M	.D PH		MED OIRECTOR	STAFF PHYS.	22b. DATE	SIGNED /	6
	HYSICIAN S IAME (Type)	S.E.N.	ARKIS			8/00 /V					
Bur 24. FUNER	L, CREMATION VAL (Specify) i a l AL DIRECTOR	11/28,	/67	230 NAME OF CEMETERY OR  Gardens of  ADDRESS	of F			LOCATION (City of To	Md GISTRAR S SIGN		State)
C.F	. EVAN	IS & SON !	3802 H	larford road	1	DATE	1 4 0	1001	, 04	00	



by the funeral Pages T and ers. Pa camplétely filled nave (arbon-pap with remaye n any physician a ien please i cremation, ar remayar, attending physicemit. Then p signed by the burial-transit **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. as the certificate detached FUNERAL DIRECTOR: After this director, page Shauld be filed shauld 2 VR A15 (4) 2SM 1/67

S SEX

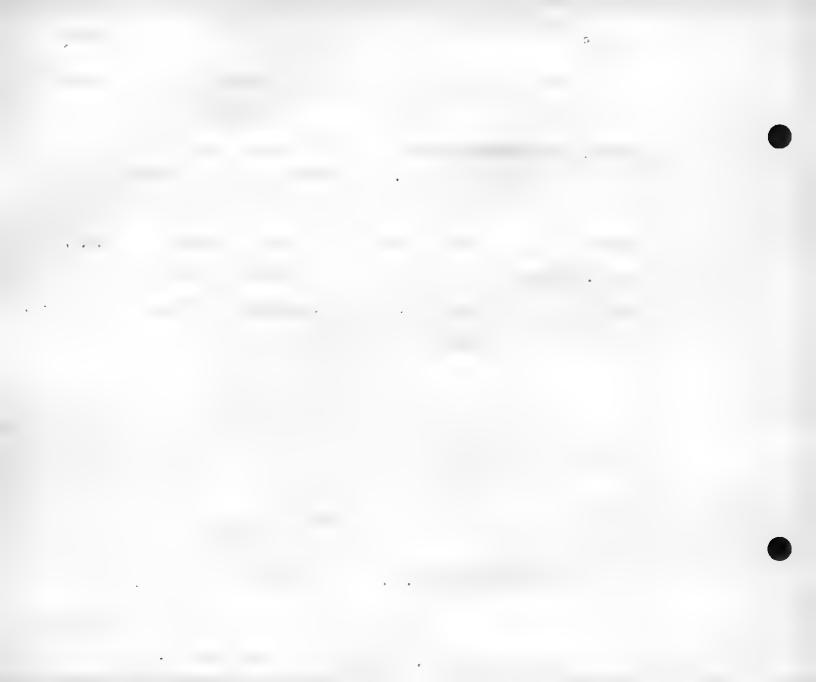
24 hours after death

The law requires that the death certificate be executed within

230 BURIAL, CREMATION DATE THEREOF FUNERAL DIRECTOR

23c NAME OF CEMETERY OR CREMATORY BAITIMORE NATIONAL 23d LOCATION (City or Tawn) BALTIMORE. (State)

Conkling Street DATE 1timore



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15078 75779 CERTIFICATE OF DEATH 24 hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) a. COUNTY o. STATE **b.** COUNTY Baltimore Maryland Baltimore MARYLAND b CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Catonsville, Maryland Baltimore # 3h d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENC ON A FARM 3216 Texas Avenue bd Spring Grove State Hospital YES NO and in any event, within law requires that the death certificate be executed within carban 3. NAME OF Middle DATE Doy 1ost Month Year DECEASED Letha Mae Rice (Type or print) DEATH S SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** remaye last birthday) Aug. 2, 1897 White WIDOWED \* DIVORCED Female ANDUSTROME 10o USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) · 2 CITIZEN OF WHAT physician a nen please i during most of weaking Howen it extrad te COUNTRY? Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, or remayal, Frank Dennison Mary Hamilton IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, orunknown) (If yes give wor or dotes of service) 217-10-7821 Records: Spring Grove State Hospital THE CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).

PART I. DEATH WAS CAUSED BY

Representation of the course of the cou INTERVAL BETWEEN signed by the burnal-transit ONSET AND DEATH middle love preumoma IMMEDIATE CAUSE (6) DUF TO Conditions, if ony, which gove (b) nse to immediate couse (a), DUE TO stoting the underlying couse the OS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF IN. PART I (a) WAS AUTOPSY PERFORMED? Cerebronascular accident NO 200 ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INHURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) 20c TIME OF INJURY Month, Doy, Year (County) (Stote) TO FUNERAL DIRECTOR: After this Hour om. foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that (this hospital) attended the deceased from July 10 , 1967, to War 22 , 1967, that (the last saw the deceased alive an 11 - 22 - 19 67, and that death accurred at 10.30 PM, fram causes and an the date stated above. 220 SIGNATURE 22b. DATE SIGNED male M. Tweedomo ATTENDING 11-23-196 PHYS PHYS director, page shauld be filed 220 PHYS CIANS RONALD M. SMEETS MD. 22d ADDRESS Baltimore, Maryland 21228 23d OCATION (City or Town)
Baltimore, 23c NAME OF CEMETERY OR CREMATORY 23g., BURIAL, CREMATION. (County) BARMON'AL (Secrity) Parkwood 24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR VR A15 (4) 25M 1/67 Ruck Inc 5305 Hartord Rd



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15077 15380 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND MARYLAND BALTIMORE BALTIMORE Pages b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 15 c CITY OR TOWN (If guts de corporate limits, write RuRAL and a ve negrest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCI ON A FARM? ST. JOSEPH HOSPTTAT 8117\_GLEN\_GARY NO. 3 NAME OF 4 DATE remove catbon Eirst Last Month Dov DECEASED OF event. (Type or print) LOUISE DEATH RICHARDSON NOVEMBER 7. MARRIED AGE (In years lost birthday) F UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE B DATE OF BIRTH NEVER MARRIED Months Hours ond in any WIDOWED DIVORCED 78 YIS FEMALE WHITE DECEMBER 25. 10a. USUA, OCCJPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHP ACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT COUNTRY? physician c during most of working life, even if retired) INDUSTRY Virginia Rousewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or removal, Helen O'Connor H. Clinton Bondar 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address permit. (Yes, no, or unknown) (If yes give wor or dates of service No Mrs. Helen Le Grecko Richmond Va. TB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY. INTERVAL BETWEEN burial-tronsit ONSET AND DEATH IMMEDIATE (AUSE (o) CARDIO RESPIRATORY ARREST signed by DUE TO Conditions, if ony, which gave (b) CEREBRAL THROMBOSIS rise to immediate cause (a), DUE TO Page 4 may be retained by the hospital or ottending stoting the underlying couse State Dept. of Health prior to hos been (ARTERIOSCLERATIC CARDO VASCULAR DISEASE lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO 200 ACCIDENT WAS UNDERLYING . 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of Item IB.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL this ( 20c, TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) Hour o.m. Not While foctory, street, office bldg, etc.) OR ATTENDING at work 2). I certify that (I) (this hospital) attended the deceased framOctober 8 toNevember 3 19 67 that (I) (we) last director, page 3 should should be filed with the O FUNERAL DIRECTOR: , and that death occurred of 12.35 harom causes and an the date stated above saw the deceased alive ans 220 SIGNATURE 226 DATE SIGNED MED DIRECTOR PHYS NOVEMBER 3, 1967 22d ADDRESS 22c PHYSICIAN S NAME (Type BEATRIZ P. DIZON 7620 YORK ROAD TOWSON. MD. #21204 23b DATE THEREOF BUR AL, CREMATION NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) REMOVAL (Specify) Mt. Calvary Nov. 6.1967 Richmond ADDRESS 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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	CERTIFICATE OF DEATH	10001				
を発	) PLACE OF DEATH   2 USUAL RESIDENCE	E (Where deceased lived, if institut on Residence before admission)				
9 9 9	g. COUNTY	1				
8 7 E = 5	DAZTIMORE MARYLAND	BALTO,				
F-8-8-8	b CITY OR TOWN (1 dutside corporate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (15 write RURAL and give nearest town)	outside carparate limits, write RURAL and give nearest town)				
5 李号岸	CATONSUILLE CAT	TONSVILLE 1: 1				
至 型 。是	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  d. STREET ADDRESS	e IS RESIDENCE ON A FARM?				
ile in 24.hoy		PARK DRIVE ON A FARM? YES NO S				
一隻 气罐//	3 NAME OF First Middle Lost	4. DATE Month Doy Year				
requires that the death certificate be executed within 'g physician.  I signed by the attending physician and completely fitle burial-transit permit. Then please remaye carban pobe burial, crematian, or remayal, and in any event, within	DECEASED (TOR) TORN HARRY RICHTOR	OF DEATH NOV. 28 1967				
ore eve	S SEX 6 COLOR OR RACE 7/MARRIED NEVER MARRIED B. DATE OF BIRTH	9. AGE (n yeors   IF UNDER 1 YEAR   IF UNDER 24 HRS   logs bigthday)   Months   Days   Hours   Min.				
xec may	M WIDOWED DIVORCED 1 8-31-18	Atz Months pols mons will'				
ond and rem	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Cour	nty & State, or fareign country) 12 C TIZEN OF WHAT				
re la	during most of working life, even if retired)  SHIPPING  NDUSTRY  HD B 1001760.	M D COUNTRY?				
icat Sici Pee , a	13 FATHER'S NAME 14. MOTHER'S MAIDE					
equires that the death certificate by physician. signed by the attending physician burial-transit permit. Then please burial, crematian, or remaval, and i		A				
	A WEIDEL IT COINT					
arth or r	(Yes, no, or unknown) (If yes give wor or dates of service)	the Selever-101 Park Drive				
attending   permit. The						
t the the saft production	THE CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) )  PAR*   DEATH WAS CAUSED BY	INTERVAL BETWEEN ONSET AND DEATH				
that than the by the ransit cremat	IMMEDIATE CAUSE (o) Arteriosclerotic Cardio-vasc	ular Disease years				
4 6 6 5 7	TYPIX DUE TO					
ysi gne rrig	Canditions, if ony, which gave (b)					
P P S P P	rise to immediate cause (o), Stating the underlying couse DUE TO					
# He een tr	last. (c)					
e law re tending as been as the priar to	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY				
offer of the second sec		PERFORMED?				
IAN: The all ar at ficate ha far use Health	Essential Hypertension  Essential Hypertension  200 ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURRED (Enter notuce of injury)	20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port F or Port II of item 1B.)				
会造情報生	☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	in rost tor rott it of flem to ;				
hasp hasp is cer achec ept. (						
PH his his etac Deg	20c TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, follow), street, affice bldg, a					
<b>ಎ</b> ಕ ಎಕ	Hour o m.  p m  19  While of work at w					
ALOR ATTENDIN y be retained by L DIRECTOR: Afre agm 3 shaul be filed with the Sto	21 I certify that (1) (Mississiphial) ottended the deceased fram Sept.	, 19_43, to_Nov, 1967, that (I) (we) to				
	sow the deceased alive an Joy 28 19 67, and that death occurred at 1:05PM, from causes and on the date stated					
A SP CH SE	220. SIGNATURE	MED STAFE 22b DATE SIGNED				
O HOSPITAL OR ATTER Page 4 may be retaine FUNERAL DIRECTOR: director, page 3 shauli shauld be filed with th	M.D. PHYS LT DIRECTOR L PHYS LITES OF					
A 2 - 8 - 1	221 PHYSICIAN'S NAME (Type) I DO (T CONTROL ) D.	1 Lallow Hill Ave.,				
O HOSPITAL Page 4 may FUNERAL director, page shauld be fi	neo, or dayer, here	Baltimore, lid.				
O HOSPI Page 4 r ■ FUNER director, shauld I	230 BURIAL, CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY	23d LOCATION (City or Town) (County) (Stote)				
O HO Page FUN direct shoul	Grand 12-1-67 Dorong maresolars	I Wordlawn md.				
×		EC'D BY REGISTRAR 256 PECISTRAR S MIGNATURE				
VR A15 (4) 25M 1/67	Janes - Coverson for S. W. Calamille My Detal	EC 4 1961				
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## PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15932 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) PLACE OF DEATH a. COUNTY timore MARYLAND c (ITY DR TDWN (If outside carparate mits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c, LENGTH OF STAY IN 16 Baltimore Bal timore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Westshire Rd. 204 westshire Rd. YES 🗔 NO [ NAME DE First Middle 4. DATE Month Dov DECEASED William Ricktor Nov. 13 (Type or print) DEATH B. DATE OF BIRTH 9 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7. MARRIED TXTX NEVER MARRIED lost birthdoy) Months wh May 24, 1901 WIDOWED DIVORCED | 11. BIRTHPLACE (County & State or foreign country) 10o. US JAL OCCUPATION (G ve kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired)
hetired ingr. COUNTRY? INDUSTRY Bulto. Gas & Elect. Co. Maryland USA 14. MOTHER S MAIDEN NAME 13. FATHER'S NAME Late - Wm. T. Ricktor Late - Isadore----15 WAS DECEASED EVER IN U.S. ARMED FD.RCES?
(Yes, no, or unknown) ((If yes give wor or dotes of service) 16 SOCIAL SECURITY NO 17 INFORMANY. Helen Ricktor 212-05-6150 204 westshire Rd. - 21229 IB CAUSE OF DEATH (Enter on y one couse per line for (o), (b), ond (c) )
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Arteriosclerotic Cardio-vascular Disease 5 mos. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 19. WAS AUTOPS? PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 200 ACCIDENT WAS UNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) 20c TME OF INJURY Month, Doy, Year Hour o.m. 20d INJURY DCCURRED foctory, street, office bldg., etc.) Not While of work at work 2). I certify that (1) (thus hospital) attended the deceased from Nov., 19 19500 Nov., 1967, that (1) (west last saw the deceased alive an Nov. 12 1967, and that death occurred at 2:15th, from causes and an the date stated above 22b DATE SIGNED 220 SIGNATURE MED DIRECTOR STAFF 11/13/67 22d ADDRESS 22c PHYSICIAN'S NAME (Type) Gaver 1 Mallow Hill Rd. Leo 23d LOCATION (City or Town) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 11/16/67 Woodlawn Cem. Bultimore, Md. 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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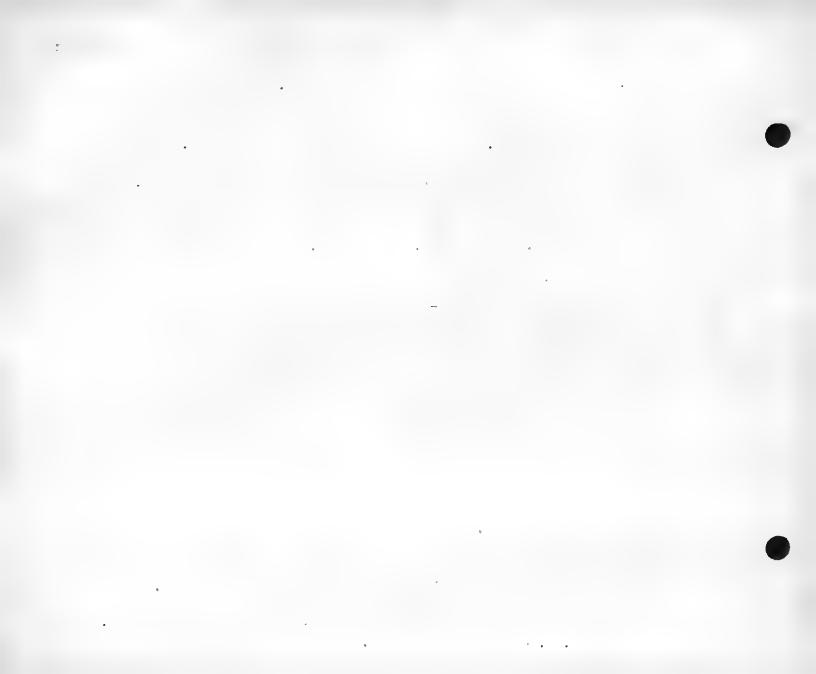
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O FUNERAL DIRECTOR: director, page 3 shauld be filed w 25M 1/67

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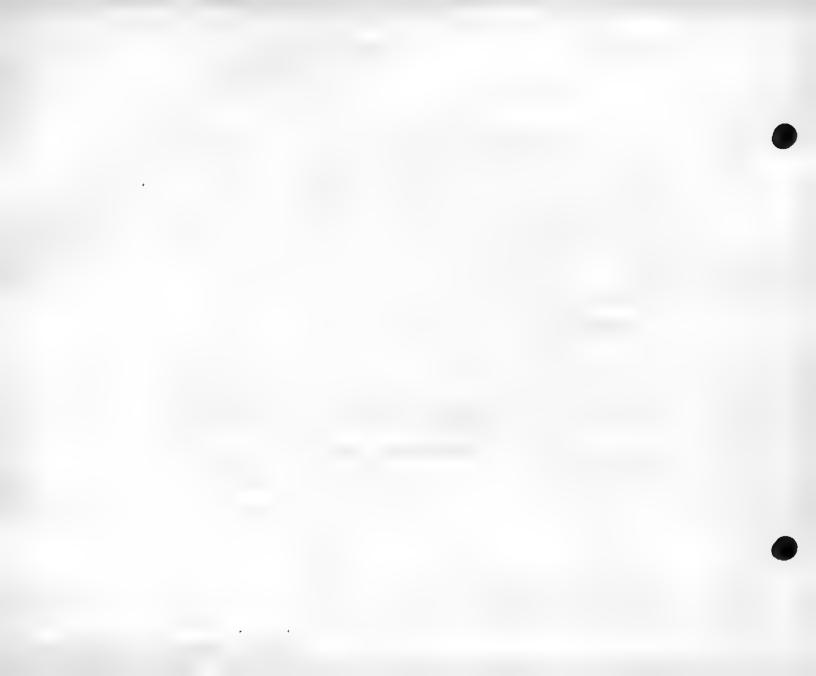
24. FUNERAL DIRECTOR WITZKO F. D. - 4101 Edmondson Lave.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15083 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before domission) by the funeral Pages I and PLACE OF DEATH Maryland o. COUNTY o. STATE **b** COUNTY Baltimore Baltimore MARYLAND b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If auts de corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS ⊆ 6500 Crestwood Road 6500 Crestwood Road the attending physician and campletely filled sit permit. Then please remave carban pape YES NO SON 4 DATE 3 NAME OF First Middle Last Month Doy Year DECEASED R. Nov. Gertrude Rigger 67 19 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years 7. MARRIED XX NEVER MARRIED last birthday) Hours female Feb. 23,1905 white DIVORCED WIDOWED 12 CIT ZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) COUNTRY 2 during most of working life, even if retired)
NOUSEWITE INDUSTRY Richmond, Virginia 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lonnie Cottrell Martha Allev 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes a ve war or dates of service) James C. Rigger 6500 Crestwood Rd. #12 no 1B. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c) ) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUE TO Canditians, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the haspital or attending as the O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? far use NO 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Heur o.m. Not While factory, street, office bldg., etc.) 21. I certify that (1) (this haspital) attended the deceased from the law by 19. 19 \_\_ (that (I) (we) last and that death occurred at 5M, fram causes and an the date stated obave saw the deceased alive on 22g. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS MED DIRECTOR M.D. directar, page 3 shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 236 LOCATION (City or Town) 23a BURIAL, CREMATION, 235 DATE THEREOF (County) REMOVAL (Specify)
Burial Balto. County Md. Dulaney Valley Mem. Gride 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 1967 6500 York Rd. Mitchell-Wiedefeld Home 20 M 1

Balto.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 4 月 10 10 4 The law requires that the death certificate be executed within 24 hours after death. and, PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission). Gerard Ave. Towson, b. COUNTY c TENGTH OF-STAY N 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town d STREET ADDRESS HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM NO 🖅 YES Middle NAME OF First INGG 52 1 DATE Month Day Year DECEASED 11-11-67 HAPLES CLARENCE DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 9. AGE (In years 6 COLOR OR RACE 7 MARRIED JU DATE OF BIRTH NEVER MARRIED Months Haurs DET 6.18 MATE or removal, and in any WIDOWED DIVORCED 10a LISUA, OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote or foreign 12 CITIZEN OF WHAT COUNTRY? (1. physician a ten please during most of work ng life, even if retired) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service cramatian, ERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY Carcinoma of stomach IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 205. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part 1 or Port II of item 18.) 20a ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While factory, street, affice bldg., etc.) 1962 (, that (1) (we) las 21. I certify that (I) (this haspital) attended the deceased from. くろう , 19/2/ to saw the deceased alive an and that death accurred at APM, from causes and an the date stated above 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR 11-11-67 X M.D. 22c. PHYSICIAN'S York Road, Timonium, Md. 21093 TO FUNERAL NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL CREMATION. 23b. DATE THEREOF (County) REMOVAL (Specify) Pleasant Rest 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 882 CERTIFICATE OF DEATH 15035 requires that the death certificate be executed within 24-hows after death. 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY Bultimone b. COUNTY MARY, AND haurs ofter C LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) filled in by ers for e- Jalto. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? Dulaney Valley Murdock Road YES NO R Dan 3 NAME OF Middle 4 DATE First Dov Year DECEASED OF DINSON 3 and in any event, 19 DEATH (Type or print) SQ AGE ( n years IF LINDER 1 YEAR IF LINDER 24 HRS 5 SEX 7. MARRIED DATE OF BIRTH 6 COLOR OR RACE NEVER MARRIED last birthdoy) Months Dovs Haurs WIDOWED \* govenben. DIVORCED 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done edse during most of working life, even if retired) COUNTRY ? HNDUSTRY / Mariland Aun Jome 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the attending physis burial-transit permit. Then pla burial, crematian, or removal, Sarah Straubridse vlie Lichardson TS WAS DECEASED EVER IN U.S. ARMED FORCES? Address lowson. 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service Robinson, one .io NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) be retained by the haspital or attending physician. DHE TO Conditions, if any, which cave rise to immediate cause (o). DUE TO stating the underlying couse ţ, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS ALTOPSY PERFORMED? NO YES [ O FUNERAL DIRECTOR: After this certificate 듈 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18) 20o ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. Not While factory, street, office bldg., etc.) at work of work L 21. I certify that (I) (this haspital) attended the deceased fram 1967, that (I) (we) last and that death accurred at > M, from causes and an the date stated above saw the deceased alive an 22o. SIGNATURE DATE SIGNED ATTENDING PHYS director, page 3 should be filed v M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) Nov. Sethel Tresty. Cemetery. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR John Burns Sons, Towson, Maryland 20 M



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15186 CERTIFICATE OF DEATH 15083 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY o, STATE b. COUNTY Ors ofter Baltimore MARYLAND by the b CITY OR TOWN (if autside corporate mits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Lutherville 21093 d. STREET ADDRESS IS RES DENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ending physician and campletely filled in mit. Then please remave carbon papers. or removal, and in any event, within 72 b. 1426 Burton Ave. St. Joseph Hospital YES 🔲 NO F law requires that the death certificate be executed within 3 NAME OF Eirst Middle 4. DATE Month Year Lost Doy the attending physician and campletely sit permit. Then please remave carban DECEASED ROBINSON William November 67 19 (Type or print) DEATH IF LINDER 1 YEAR IF UNDER 24 HRS S. SEX 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** B. DATE OF BIRTH AGE (In years lost birthdoy) Months Doys Hours White Male WIDOWED DIVORCED 12-22-1893 KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 100 USLAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & Stote, or foreign country) 106 during most of working the, even if retired)

acunist— net. COUNTRY? INDUSTRY P Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME Robinson Mary Fidler 'lames IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dates of service) Family records crematian, 01 INTERVAL BÉTWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Left cerebral encephalomalacia IMMEDIATE CAUSE (o) physician. DUE TO thrombosis of left innominate artery Conditions, if ony, which gave rise to immediate cause (a) DUE TO stoting the underlying couse Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been a director, page 3 should be detached for use as the lashould be filed with the State Dept. of Health prior tab severe atherosclerosis lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO F YES T 200 ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (State) 20c TIME OF INJURY Month, Day, Year (County) Hour o.m. foctory, street, office bldg., etc.) Not While of work of work 21. I certify that (1) (this haspital) attended the deceased from... 19\_67, ta . 19\_67 that N (we) last 19 67, and that death accurred at 12 In from causes and on the date stated above saw the deceased alive an 22b. DATE SIGNED 22o SIGNATURE **ATTENDING** MED. STAFF PHYS. November 9, 1967 M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN S 7620 York Rd., Towson, Md. 21204 Lawrence F. Misanik, M.D. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL(Specify) rospect lill 'emetery 0. son . writing 250 NEGOVEY LEGISTRAPS 67 25b. 24. FUNERAL DIRECTOR **VR A15** Sons. To son, ar land 20 M 1/60 DATE





MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15085

TO HOPPITAL OR ATTEMBING HIVSICIAM: The law requires that the death certificate be executed within 24 hours after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban director, page 3 shauld be defached for use as the burial-transit permit. Then please remave cart shauld be filed with the State Dept. af Health prior to burial, cremation, ar remavor, and in any event,

Rage 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

y the funeral pages 1 and 2 urs after death.

filled in popers

CERTIFICATE OF DEATH

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	W. V V							
	PLACE OF DEATH			2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)/				
(	COUNTY BALTO. MARYLAND O. STATE MD. b. COUN				b. COUNTY	V		
		If outside carparate limits,	c. LENGTH OF STAY IN 16	CITY OF TOWN (If as	utside carparate limits, write RURAL and a	nua magnet town		
		give nearest town)		. '		liss liegiszi idanii)		
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4	H NAME OF HOSPIT	AL OR INSTITUTION (If not in	haspital, give street address)	d STREET ADDRESS		e IS RES DENCE ON A FARM?		
	REATER	BALTIMORE	MED. CENTER	1402 F. (	Coldspring Lan	e YES   NO [V]		
	NAME OF DECEASED	First	Middle	last	4 DATE Month	Day Year		
-	(Type or print)	PETER	. S.	ROSE	DEATH NOVEMBE	R 20 19 67		
	SEX	6 COLOR OR RACE 7 1	MARRIED NEVER MARRIED	8 DATE OF BIRTH		ER I YEAR LE UNDER 24 HRS		
1	MALE	CAUC. W	IDOWED DIVORCED	8-15-188	lost birthday) Months 78 yrs	Days Hours Min.		
		(Give kind of work done	10b KIND OF BUSINESS OR	11 BIRTHPLACE (County		CIT ZEN OF WHAT		
()T+		life, even if refired)	RETIRED	GREE		COUNTRY?		
3	FATHER'S NAME	KED	LKELINE D	14. MOTHER'S MAIDEN		0 5 FI		
	STAVO	ROS 1DA				7		
16			UJCUNIS)		4-02-11	•		
IS (Ye	was Deceased EVI s. no. or unknown)	R IN U.S. ARMED FORCES? (If yes give wor ar dates at sen	16 SOCIAL SECURITY NO 17.	INFORMANT	Address			
•	No		1218-28-2076	PATIEU	TS CHART			
		EATH (Enter only one cause pe	er line for (a), (b) and (c).)	4 11		INTERVAL BETWEEN		
	PART I. DEA	ONSET AND DEATH						
	Juix							
	Conditions, if any	2 days						
	nse ta immedia							
	stoting the unde							
	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND. FLOW GIVEN IN PART I(a) 19 WAS A							
2	PART I. OTHER S	19 WAS AUTOPSY PERFORMED?						
Ž	YES NO							
20a ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I of item 18)								
20a ACC DENT WAS UNDER YING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
3	20f (City or town)	County) (State)						
2	Hour a.m. While Nat While foctory, street, affice bldg, etc.)							
` ]	p.m. 19 at wark U							
	21. I certify that (I) (this hospital) attended the deceased from 10.24, 1967, to 11.10., 1967, that (I) (we) las							
	saw the deceased alive an II. 2.0. 1967, and that death accurred at 7-40M, fram causes and on the date stated above							
	220 SIGNATURE ATTENDING MED STAFF 1226 DATE SIGNED							
	M.D. PHYS L. DIRECTOR L. PHYS LO 1/1/2/167							
	22c PHYSICIAN'S NAME (Type	DIPAKKU	MAR MALLIK	22d. ADDRESS	prents Baltimas.	Iled at lare		
23a	BJRIAL, CREMATI		23c NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (State)		
	REMOVAL (Specify		7 Greek Orth	robor	Balto.	Md.		
	FUNERAL DIRECTO		ADDRESS		D BY REG STRAR 25b REGISTRAR S			
		ins & Sons				Clay Yerage		
П	· W · O GUIK	THR & POHR	OO. TAND TOLK I	DATE O	THE TOTAL PROPERTY.	10		

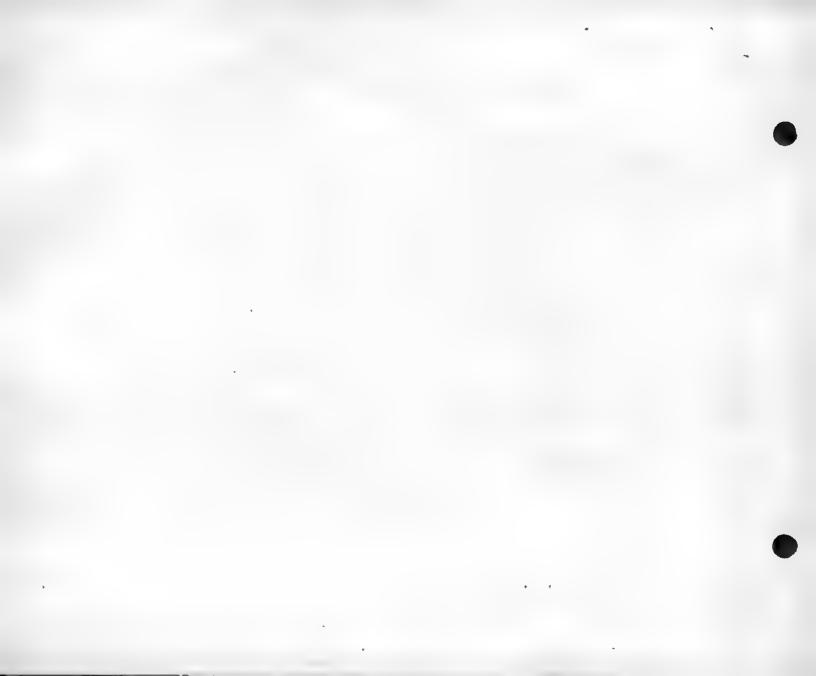


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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15090 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH e. COUNTY o. STATE b. COUNTY Baltimore Maryland Baltimore PHYSICIAN: The law requires that the death certificate be executed within 24 hours after MARYLAND b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) 1 Yr Baltimore e IS RESIDENC d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM th≡ attending p≣yskian and campletely filled sit permit. Then please remove carban pdge 33 Dowling Circle 33 Dowling Circle YES NO 3 NAME OF DATE DECEASED Mildred Elizabeth Ruby 11-3-67 19 DEATH (Type or print) 9 AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED lost-bythdoy) Months Hours 8-15-17 Female White WIDOWED DIVORCED 12 CITIZEN OF WHAT 10a USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY during most of workspoulde, even 4 setued) INDUSTR'Home Balto. Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar remayal, Harry A. Wagner Mary A. Rosenberger 16 SOCIAL SECURITY NO 17. INFORMANT Address IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no per unknown) (If yes give was or dates afterw 212 09 9476 Charles E. Wagner 939 Beaver Bank Circle cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far.4a), (b), and (c) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY signed by 1 IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR After this certificate has been as the lost. 19 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? AFDICAL CERTIFICATION NO IC YES ! for 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c, TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED foctane street, office bldg , etc.) Not While at work 21 | certify that (1) (this haspital) attended the deceased fram\_ 196 5, 10 shauld and that death accurred at 2 55M, fram causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR M.D. director, page shauld be filed 22d. ADDKESS 22c. PHYSICIAN'9 Meredith Smith The Alemada. Baltimore. Md. NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION (County) REMOVAL (Specify) 11-6-67 Moreland Mem. Park Cem. Wor Maryland 25b. REGISTRAR'S SIGNATURE Baltimor. 24 FUNERAL DIRECTOR Wm. E. Johnson, 8521 Loch Raven Blvd. 21204 ADDRESS 25a, REC D BY REGISTRAR VR A15 (4 20 M 1/60



MARYLAND STATE DEPARTMENT OF HEALTH

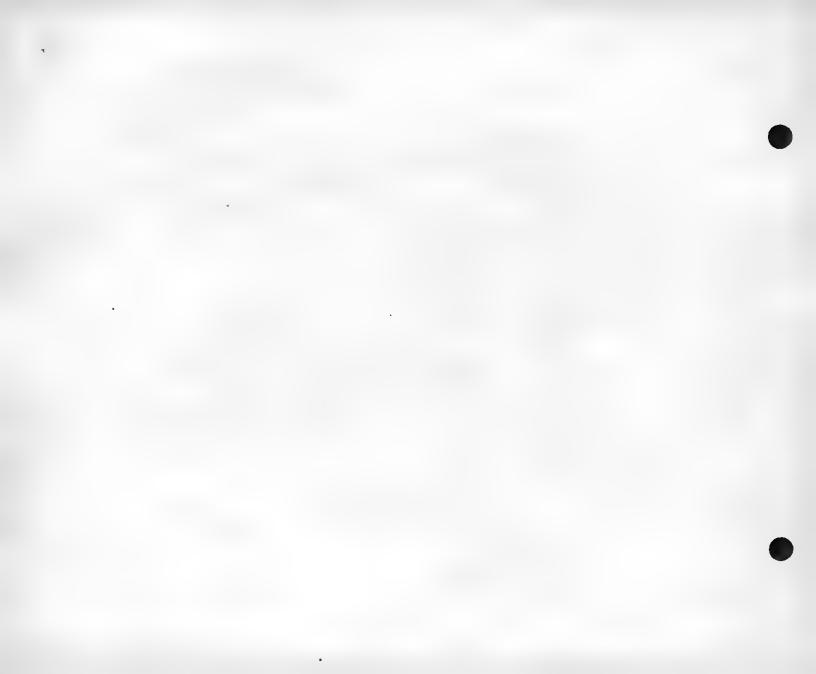


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before agm ssion o. COUNTY n. STATE **b.** COUNTY MARYLAND arulan a b. CITY OR TOWN (if outside corporate limits, C LENGTH OF STAY IN ab c CITY OR TOWN ( f outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) 20das Lumare IS RESIDENCE ON A FARM? and in any event, within 72 h d NAME OF MOSPITAL OR INSTITUTION (If not in haspita, give street address) d STREET ADDRESS the attending physicion and completely filled in sit permit. Then please remave carbon papersl CLINION NO E YES NAME OF Middle Last DATE Year Doy DECEASED OF 1967 ulkowski (Type or print) DEATH S SEX 6 COLOR OR RACE AGE ( n years IF JNDER 1 YEAR F UNDER 24 HRS B. DATE OF BIRTH NEVER MARRIED 8 last b rhday) Manths Days Haurs White 2-9-84 temale WIDOWED  $\Box$ DIVORCED 10b. K ND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 11, BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY Hausewife Oand olani 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME or remayal, LINKNOUSN is WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service 16 KOCIA, SECURITY NO 17 INFORMANI cremotian, 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL ETWEEN burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) O FUNERAL DIRECTOR: After this certificate has been signed by DUE TO 5 0 MM B. burial, Conditions, if any, which gove rise to immediate cause (a). stating the underlying cause as the Page 4 may be retained by the haspital ar attending prior to last. 19 WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use YES [ NO. 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18) with the State Dept, af detached (IF EITHER, NOTIFY MEDICAL EXAM NER 20e PLACE OF INJURY (Hame, farm, (City or fown) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED factory, street, office bldg, etc.) Not While OR ATTENDING at work at wark should be , 1927, that (I) (we) last 21. I certify that (1) (this-hospital) attended the deceased fram, 19<u>63</u>, to\_ M. from couses and an the date stated above. saw the deceased alive an 2. and that death accurred at 22a, SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS DIRECTOR PHYS. r, poge 3 be filed \ 22d ADDRESS 22c PHYS CIAN S NAME (Type) director, p Entrewitten 26th DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION, REMOVAL (Specify) 11-29-67 St. Stanislaus Baltimore. Maryland ADDRESS 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Marie Fialkowski 1000 S. Kenwood Ave. Balto



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15098 CERTIFICATE OF DEATH 5093 PLACE OF DEATH Ted of intitution. Residence before admission) o. COUNTY o. STATE PHYSICIAN: The low requires that the death certificate be executed within 24 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) write RURAL and give negrest town) d NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? timore B.5 YES NO L 3. NAME OF First DATE Last Day Year DECEASED OF DEATH THELMA 57. CLAIR (Type or print) 19 S SEX IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED AGE (In years last birthdoy) Months Hours Days and in any WIDOWED DIVORCED and 100 USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Home COUNTRISA Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal. 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ar unknown) (If yes give war ar dates of service) 16, SOCIAL SECURITY NO. 17 INFORMANT Address Clair Sr. Same as Charles St IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO signed l Canditions, Fany, which gove rise to immediate cause (a). DUE TO stating the underlying cause as the priar to l has PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLENG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16:0 WAS AUTOPSY detached for use of Dept of Health p PERFORMED? NO certificate 20g ACCIDENT WAS UNDERLYING [1] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City ar town) 20c TIME OF N.LRY Month, Day, Year 20d NILRY OCCURRED 20e PLACE OF INJURY (Home, form, (County) (Stote) Hour a.m. While Nat While factory, street, office bldg., etc.) at wark at wark OR ATTENDIN 21 I certify that ( ) (th's hospital) ottended the deceased from Nov. 19 6 and that death accurred at 930 PM, from couses and on the date stated above. O FUNERAL DIRECTOR: saw the deceased olive on Art 220 SIGNATURE 22b: DATE SIGNED **ATTENDING** M.D. DIRECTOR directar, page should be filed PHYS PHYS 22c PHYSICIAN'S 22d. ADDRESS O HOSPITAL NAME (Type) 230 BUR AL CREMATION 23b DATE THEREO! NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Baltimore Burial 24 FUNERAL DIRECTOR

J, T. Stansbury 6411 Windsor Mill Rd. 2Sb. REGISTRAR'S SIGNATURE 2Sq REC'D BY REGISTRAR VR A15 (4) 25M 1/67 Misarley



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15091 15084 CERTIFICATE OF DEATH 24 haurs after death. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Baltimore Baltimore MARYLAND Maryland c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CIY OR IOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 18 Yrs 1805 BriarCliffe Road A C lowson 4 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? the attending physician and campletely filled is sit permit. Then please remave carban palpel St. Joseph Hospital Baltimore YES 🔲 NO 🛣 and in any event, within PHYSICIAN: The law requires that the death certificate be executed within NAME OF Middle Lost 4 DATE Month Doy Year DECEASED (none) CHRISTINE SANDS DEATH November (Type or print) AGE (In years s sex 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH **NEVER MARRIED** get birthdoy) Months Doys Hours 7-24-1898 WIDOWED DIVORCED White Female 10o. USUA, OCCUPATION (Give kind of work done during goost of working life, even if refired) 10b K ND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT INDUSTRY Home COUNTRY? homemaker Pennsylvania 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remayal, Banjamin Oliver Bessie Mathews 21234 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no or unknown) (If yes give wor or dates of service) 183 22 7664 Violet S. Malesh 1805 Briarcliffe Rd. crematian, INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Cerebral aneurysm IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the hospital ar attending physician DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO far use as the b f Health priar to b stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [2] OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) 20c TIME OF INJURY Month, Day, Year Hour o.m. Not While factory, street, office bldg., etc.) of work ot work 21. I certify that (this haspital) attended the deceased from entember 19, 1967, tallovember 11187, that take (we) lost saw the deceased alive on November 11, 1967, and that death occurred of 0:30M, from couses and on the date stated above. 22b DATE SIGNED 22n SIGNATURE STAFF PHYS. **ATTENDING** November 11,1967 DIRECTOR director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN S NAME (Type)/ Joel Tolentino, M. D 7620 York Road, Towson 4. Md. 23o. BUR AL, CREMATION, 23b DATE THEREOF 23L NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 11-14-67 REMOVAL (Specify)
Burial Rarkwood Cemetery Balto. Balto. Md. 250 REC'D BY REGISTRAS 67 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66 Wm.E. Johnson 8521 Loch Raven Blvd. 21204



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15005 CERTIFICATE OF DEATH funeral 1 and 2 er death. The law requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY **b** COUNTY MARYLAND by the CITY OR TOWN (If outside carporate I mits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) haurs MORR d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d STREET ADDRESS NAME OF Middle 4. DATE please remave carban Day Year DECEASED OF DEATH 1967 (Type or print) S SEX NEVER MARRIED AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE last sethday) DIVORCED 10a JSUAL OCCUPATION (Give kind of work dane 12 CITIZEN OF WHAT during most of working life, even if retired)

13 FATHER'S NAME COUNTRY 3 IS WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANI (Yes, na, ar unknown) [(If yes give war ar dates of service) burial, cremation. NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if any, which gove DUPLEMIN rise to immediate cause (a), DUF TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been Health prior to far use as the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) + Cate 19 WAS AUTOPS PERFORMED? NO 544diane . POSS the haspital or 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of hours in Part I or Part II of Hem 18: OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or tawn) (County) (State) factory, street, office bldg, etc.) Page 4 may be retained by , 19\_\_\_, that (I) (we) last 21. I certify that (i) (this has rital) attended the deceased from. , to director, page 3 shauld should be filed with the 19 6 2, and that death occurred at 655 AM, fram couses and an the date stated above saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE DIRECTOR ADDRESS 22c PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LQCATION (City or Town) 230 BURIAL, CREMATION 23b. DATE THEREOF ROMOVAL (Specify) REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 וטט!



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15086 CERTIFICATE OF DEATH I. PLACE OF GEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) · Baltimore b. COUNTY MARYLAND 24 haurs after b CITY OR TOWN (ILoutside corporate limits c. LENGTH OF STAY IN 16 OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) / tite EURA and all English town) / Nd. 4Lenarm e IS RESIDENCE ON A FARM? Ξ d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Manon Manor YES NO L bd within law requires that the death certificate be executed within NAME OF please remove carban Middle DATE Month Day Year the attending physician and campletely sit permit. Then please remave carban **OECEASED** OF Schater 67 ŏ (Type or print) DEATH S SEX AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH **NEVER MARRIED** last birthdoy) Oavs Hours L and in any WIDOWED **OIVORCED** 10a LSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during peest of working life, even interired INOUSTRY Maruland Maruland asua 14. MOTHER S MAIDEN NAME 13 FATHER S HAME cremation, or remova Thomas 15 WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT burial-transit permit. (Yes, notat unknawn) (If yes give war ar dates at service arolun Schater 18. CAUSE OF DEATH (Enter only one cause per ling (or (a), (b), and (c) ) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) physician. DUE TO signed burial, Conditions, if any, which gave rise to immediate cause (a), r this certificate has been si detached far use as the bi ite Dept. af Health prior ta bi OUE TO stoting the underlying couse by the haspital ar attending lost. 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) YES -NO 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205 OESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 11 of item 18) directar, page 3 should be detached is should be filed with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) 19 at work 2]. I certify that (I) (this haspital) attended the deceased from april Worknow ! that (I) (we) lost Page 4 may be retained and that death accurred at O FUNERAL DIRECTOR: November 16 19 6 J. Ja M. fram couses and on the date stated above. sow the deceased alive on\_ 22a. SIGNATURE 22b. OATE SIGNEO **ATTENOING** MED STAFF M.O. **OIRECTOR** PHYS Phoenix 22d 22c PHYSICIAN'S NAME (Type) 23g BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 23b DATE THEREO (County) (State) BUILDLY) Md umore 2So REC D BY REGISTRAR 24. FUNERAL DIRECTOR / 25b. VR A15 (4) 20 M 1/66







Parkwood Cem.

ADDRESS

2Sb REGISTRAR'S SIGNATURE

2Sa REC D BY REGISTRAR

DATE NOV 6

196

11/3/67

Leonard J. Ruck Inc. Balto. Md.

VR A35 (4)

24. FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15100

15097

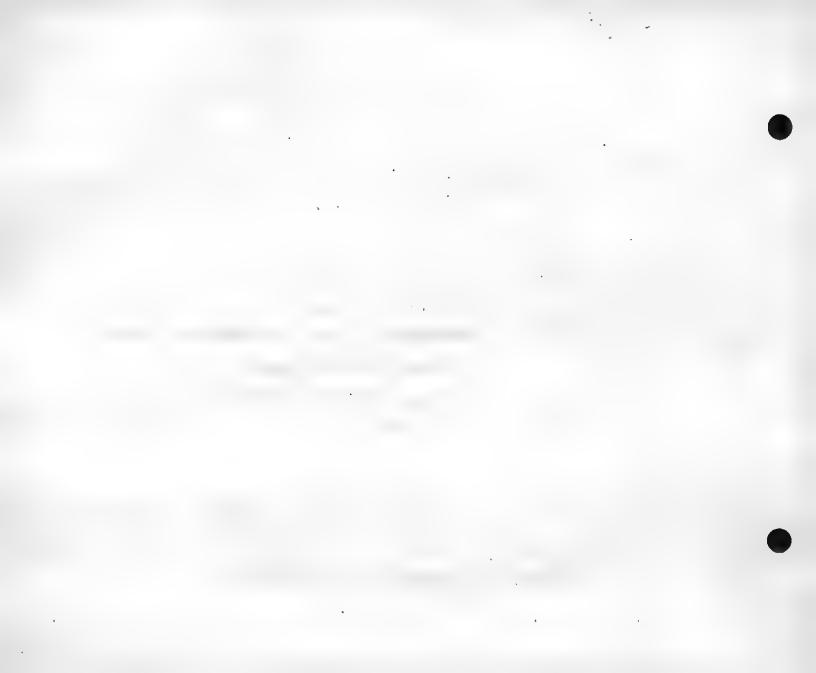
CERTIFICATE OF DEATH

PLACE OF				Where deceased lived, if institution. Reside	ence befare admission)
o. COUNTY	BALTIMOR	CHANNAM F. C	a. STATE	b. COUNTY	*
h CITY OR	TOWN (If outside corporate limits,	c LENGTH OF STAY IN 16	Daky la	itside corporate limits, write RJRA. and g	mare
write R	URAL and give negrest town)				
CAT	のいていててを	1 4 eels	BAL	TIMORE 21	
d NAME O	F HOSPITAL OR INSTITUTION (If not in	haspita, give street address)	d STREET ADDRESS	- · · · · · · · · · · · · · · · · · · ·	e IS RES DENCE ON A FARM?
Su	mmit Nursing-He	ome	7251	FAIRBROOK RY	YES NO
NAME OF DECEASED	Eirst	Middle	east .	4. DATE Month OF	Day Year
(Type or p	1100	The same state of the same sta	Service	DEATH NOVEMBER	R I YEAR LIE UNDER 24 HRS
SEX		MARRIED NEVER MARRIED	B. DATE OF BIRTH	9, AGE (In years IF UNDE	
[19]	Caucasien	VIDOWED DIVORCED	Feb 29 181		
	CUPATION (Give kind of work done working life, even if retired)	1Db. KIND OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (County	& State, or fareign country) 12 (	COUNTRY?
PRO	of AcadeR	1	1/4.		U.S.a.
3. FATHER'S	NAME		14. MOTHER'S MAIDEN		
JAM	EL C. SERV	ICE	6/1200	Siddows	
IS WAS DECE	ASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO. 17	INFORMANT	Address	
(Yes, no, or un	known) (If yes give wor or dates of sen	VICE 267/47290	CHART		
T 18 CAN	SE OF DEATH (Enter anly one couse p			<del></del>	INTERVAL BETWEEN
				21011110110	
	UMMEDIATE CALISE (a)	H BICKLO SCLER	STIL CALA	BIOURSCOLAR	-
	DUE TO	DUTERZEVEL	- L (20 N 2 L G	BRANCH BLOCK	•
	ns, if any, which gave ) (b)4	ICEREBROVA	SCULAR	ACCIDEND C	
	he underlying couse DUE 10	RIGHT HEM			11/20125
las*	(c)	5 CORONARY ART	ERY D'SEAS	E E CHRONIC GONG	HEIRAT
PART If	OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART I(a)	19 WAS AUTOPSY
2Do ACCI				` '	PERFORMED?
5 200 100	DENT WAS UNDERLYING	206 DESCRIBE HOW INJURY OCCURRED	(Enter nature of inum in	Dort or Part II of dom 103	113 110 110
OR CONTI	RIBUTING CAUSE OF DEATH	200 DESCRIBE HOW INJURY OCCURRED	cuter nature at injury in	PORT OF PORT II OF ITEM, 16.)	
	, NOTIFY MEDICAL EXAMINER)	ļ			
2Dc Tim	E OF INJURY Month, Day, Year Hour a m.		ACE OF INJURY (Hame, farm tary, street, affice bldg., etc.		County) (State)
Ĕ	p.m. 19	While Nat While of twork of twork	.iury, sireer, orrice biog., erc	, , , , , , , , , , , , , , , , , , , ,	
21.	I certify that (1) (this hospita	l) gitended the deceased from_	9/16	1967,10 11 18 19	6 7that (I) (we) Tost
	the deceased alive on	19 6 7, and the		10:30TM, fram couses and an	the date stated above
22o. SIG		4			DATE SIGNED
1	2. Kasa	1 For 14.0 M	.D. PHYS.	MED STAFF DIRECTOR PHYS.	18/1967
	YSICIAN'S F. LAS	A: Ti's, 14.0	22d ADDRESS	REDERICK RD	+ 2/222
23a BUR AL,	CREMATION, 23b DATE THEREO	4		23d LOCATION (City or Town)	(County) (State)
56R1	AL 11/13/6	7 W. LALRE	1 HILL	THILA PA.	
24. FUNERAL		I FREDERPORES NY	25a REC	D BY REGISTRAR 256 REGISTRAR'S	
4.5.1	MACNABIS 2	1225	DATE NI	1 1 3 1967 /clia	was judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers, should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72th VR A15 (4) 25M 1/67



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	E 1, MARYLAND
	25098 CERTIFICATE OF DEATH	15101
ı	1. PLACE OF DEATH 1 2. USUAL RESIDENCE (Where deceased lived, if insti	tution: Residence before admission)
Į	a. COUNTY Claimore MARYLAND a. STATE Acriland b. COUNT	3 Salimore
	b. CITY DR TOWN (if outside corporate limits, write, RURAL and give nearest town)	V2
	finde inde	1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	6. IS RESIDENCE ON A FARM?
	Unde Pond Nide wad	YES NO
	3. NAME OF First Middle Last 4. DATE Month DF	Day Year
	(Type or print) when the word Devell DEATH HOVE	
	last birthday)	FUNDER 1 YEAR IF UNDER 24 HRS.
	widowed Divorced 7, 10/2 // yrs.	
ı	1Da USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   1Db. KIND OF BUSINESS DR   11. BIRTHPLACE (County & State, or foreign country)   1. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	LUSTI
1		
	"Ilian Sevell  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	
ı	(Yes, No, or unknown) ((ffyes give war or dates of service)	
ı	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), 1.	. I INTÉRVAL BETWEEN
ı	PART I. DEATH WAS CAUSED BY: Many over an 12	ONSET AND DEATH
1	IMMEDIATE CAUSE (a)	
ł	Conditions, If any, which \ (1) (2) (2) (2)	
ı	gave rise to Immediate	
1	underlying cause last. (c) Cluberis - Schoole C-V Decise	
l	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P  BULLEY  2Da. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of DR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Item 18.)
	20c. TIME DF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town)   4	(County) (State)
ı	Hour a.m. p.m. 19   While   Not While   Place   Place	
ı	21. I certify that (I) (this hespital) attended the deceased from Community, 1966, to NEV 23	19 67, that (I) (we) last
	saw the deceased alive on 1000 1967, and that death occurred at 4 3.M, from the causes a	nd on the date stated above.
ļ	22a. SGNATURE  ATTENDING MED. STAFF	22b. DATE SIGNED
	22c. PHYSICIAN'S ATTENDING MED. STAFF   22d. ADDRESS	11007 4/_
	NAME (Type) CESAR S. I/ASCUET UD BELAIR. Md.	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY DR CREMATORY   23d. LOCATION (City, tow	vn or county) (State)
	REMOVAL (Specify)	11, 0
	24. FUNERAL DIRECTOR ADDRESS   25a. REC'D BY REGISTRAR   25b. REC	
	John Burns' Sons, Towson, Naryland DATE NOV 27 1967	Charles Judge
Ì		



1 1/4	MARYLAND STATE DEPARTMENT OF HEALTH  A DESCRIPTION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 20	21201
within 24 haurs after death.  Tely filled in his the funeral roan papers. Pages 1 and 2, within 72 hours offer death.	CERTIFICATE OF DEATH	5102
Yuneral Tone	1 PLACE OF DEATH O. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceosed lived, if institution Residue). STATE  b. COUNTY  MARYLAND	dence before admission)
9 9 9	b. CITY OR TOWN (If outside corporate limits, write RURAL and write RURAL and give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and divide RURAL and	3
filled fin n papers ithin 72 h	SHADY NOOK CONST HOME Color COLERANTER  3. NAME OF First Middle Lost 4. DATE Month	e. IS RESIDENCE ON A FARM? YES NO Doy Year
campletely f nave carban sy event, with	DECEASED (Type or print)  S SEX  6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH  9 AGE (In years IF JND)	ER I YEAR   IF UNDER 24 HRS
and calle remay	WIDOWED DIVORCED 3 lost b rithdoy) Month  100. US. AL OCCUPATION (G ve kind of work done during most of working life, even if retired) 100. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12  12	S Doys Hours Min  CITIZEN OF WHAT  COUNTRY?
physician or nen please aval, and i	13. FATHER'S NAME  14. MOTHER'S MAIOEN NAME	0.5.
attending permit. The	15 WAS DECEASED EVER IN U.S. ARMED FORCES?  16 SOCIAL SECURITY NO 17 INFORMANT Address  (Yes, no, or unknown) (If yes give war or dotes of service)	Edeparente
y the att insit per emation	IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  PRESERVATION  IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
been signed by the attending physician and campletely filled in by the burial-transit permit. Then please remave carban papers. Pagiar to burial, crematian, ar remaval, and in any event, within 72 hours	Conditions, if ony, which gove is to immediate couse (o), storing the underlying couse DUE TO  DUE TO  DUE TO	
h pr	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19 WAS AUTOPSY PERFORMED? YES NO
ned far t. af Hea	TOO ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  201. INJURY OCCURRED While Not While Not While Society, street, affice bidg., etc.)	
director, page 3 should be detached should be filed with the State Dept. of	p.m. 17 ofwork 🗀 ofwork 🗀 .	(County) (State)
<b>DIRECTOR:</b> After this certificate ge 3 should be detached far us led with the State Dept. af Healt	21. I certify that (1) (this hospitel) ottended the deceosed from 9-7-, 1962, to 12-25-, 1 saw the deceased alive an 11-24-1962, and that death occurred at 5.326. M, from causes and at 220. SIGNATURE	the date stated above.  DATE SIGNED
on DIRECTOR NET OF STREET	MD PHYS  22c. PHYSICIAN'S  NAME (Type) 94/12 - 22 X C 2/12 C 22 X C 2/12 C 2 X	27/67
To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-trains should be filed with the State Dept. af Health priar to burial, cre	NAME (Type) Milmer T. Gallager 620 Frederich Coc. Ball,  230 BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (Stote)
/R A15 MI	24. FUNERAL DIRECTOR  ADDRESS  250. REGISTRAR  250. REGISTRAR  250. REGISTRAR  250. REGISTRAR  250. REGISTRAR	'S SIGNATURE
10 M 1/66	WEBER FUNERAL HOME 5311 DATE NUV 21 1041	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 75.00 CERTIFICATE OF DEATH 13666 **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY o. STATE b. COUNTY Ballimore Baltimore MARYLAND b CITY OR TOWN (If autside carparate mits, write RERAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (if autside carparate limits, write RURAL and give nearest tawn) Reisterstown .ld. Rangallscown d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS B IS RESIDENCE ON A FARMS and in any event, within 72 Chapel Hill Mursing Home Randallstown . Md. Deer Park Road YES NO K 3 NAME OF 4. DATE Day Year DECEASED OF DEATH (Type or print) Annie Elizabeth Shinley November 19 67 6. COLOR OR RACE B. DATE OF BIRTH 9 AGE (In years 7, MARRIED **NEVER MARRIED** lost birthday) Months Dovs Hours WIDOWED DIVORCED April 2.1374 remale 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County/& Atote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Taltimore, La. Housewife Home 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME burial, cremation, ar remayal, Allos Haylor Akehurst IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMAN Addrepikesville, ii. (Yes, no, or unknown) Kif yes give war or dates of service 215-43-5537 brs. Esther S. Jallahan, 9 Hawthornek 6. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter any one cause per line for (a) (c) and (c) burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO of this certificate has been so detached for use as the bate Dept. of Health priar to b stating the underlying couse last. WAS AUTOPSY PART II OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? 200 ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port I of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Yea 20d INTURY OCCURRED 20e PLACE OF INJURY Hame form. (C ty or town) (County) (State) Haur a m factory, street office bldg , etc.) Nat While at work at work 21. Leartify that (1) (this haspital) attended the deceased fram sow/the deceased alive apr./ and that death accurred at TO FUNERAL DIRECTOR: M, fram causes and an the date stated above. 220 SIGNATURE 22b DATE SIGNED DIRECTOR PHYS PHYS director, page 22d. ADDRESS 22c /PHYSICIAN'S NAME (Type 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAY CREMATION, 23d LOCATION (City or Yown) REMOVAL (Specify) Reisterstown, Paltio. Ed. Reisterstown Meth.Cemetery 2Sb. REGISTRAR'S SIGNATURE REC D BY REGISTRAR 24 FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15103 CERTIFICATE OF DEATH 15101 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore MARYLAND Maryland requires that the death certificate be executed within 24 haurs after C. LENGTH OF STAY IN 15 b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (# autside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) 59 Davs Fort Howard Baltimore. d NAME OF HÖSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Veterans Administration Hospital 3212 N. Calvert Street NO ES YES : corbon NAME OF Middle First Lost 4. DATE Month Dov Year DECEASED SHIPLEY FREDERICK ALBERT NOVEMBER 4 19 67 (Type or print) IF UNDER 24 HRS S SEX B DATE OF BIRTH E UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED [7] 9 AGE (In years NEVER MARRIED 68 lost birthdoy) Davs White 4/24/99 Male WIDOWED XX DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? ottending physician permit. Then please Printing Baltimore, Maryland Printer U.S. 14. MOTHER'S MAIDEN NAME A 13. FATHER'S NAME cremation, or removal, Michael Shipley Mary Mevers IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 215-05-11-14 Clin. Rec. VAH. Fort Howard, Maryland INTERVAL BETWEEN IB CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY. signed by the burial-transit g burial, cremati METASTATIC CARCINOMA OF THE BRAIN IMMEDIATE CAUSE (o) 17.70 DUE TO Conditions, if ony, which gave : LESION OF RIGHT LUNG UNKNOWN rise to immediate couse (a). DUE TO stoting the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? NO 20o ACCIDENT WAS UNDERLY-NG □ 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg , etc.) Not While ot work of work DIRECTOR: After 21. I certify that (k (this haspital) attended the deceased fram Sept. 6 , 19 67, to Nov. 4, 19 67, that &) (we) last saw the deceased alive an Nov. 4 19 67, and that death occurred at 11: 45 April causes and on the date stated above. 22b DATE SIGNED 220 SIGNATURE ATTENDING 11/4/67 ancas, m. D. MD DIRECTOR director, poge should be filed 22r PHYSICIAN'S 22d. ADDRESS FUNERAL CONRADO L MANCAO, M.D. NAME (Type) VA HOSPITAL, FORT HOWARD, MARYLAND 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23d LOEATION (City or Town) (County) REMOVAL (Specify)
Burial 11-8-1967 Baltimore National Cemetery Baltimore, Maryland ADDRESS 4107 Wilkens Ave 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So REC D BY REGISTRAR Milane Howard M. Hubbard Fun. Home Baltimore, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15104 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY a. STATE b. COUNTY Baltimore MARYLAND Manyland Balto
c CITY OR TOWN (If cutside corporate limits, write RURAL and give necrest town) b CITY OR TOWN (If autside corporate limits. c LENGTH OF STAY IN 16 write RURAL and give nearest town) Parkville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e 15 RESIDENCE ON A FARM? Armacost Nursing Home YES NOJE loona roa The law requires that the death certificate be executed within 3 NAME OF Middle Lost Day DECEASED ANTHONY 6 (Type or print) SIMME DEATH November IF UNDER 1 YEAR S. SEX DATE OF BIRTH IF JNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost buthday) Manths Davs Hours WIDOWED DEVORCED 111v 4 1886 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Owner 105 KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY COUNTRY? Maryland MOTHER & MAIDEN NAME avern LSA 13 FATHER'S NAME cremation, or removal, John J. Simme1 Kate Fosett 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates at service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 217-32-9258 Family records 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b).
PART 1. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (o). DUE TO stoting the underlying couse by the hospital or attending the 9 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 166 19 WAS ALTOPSY PERFORMED? 2 NO 200 ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 41 of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED JRY (flome, farm, (City or town) (Caunty) (State) Hour am Not White at work LJ 21. I certify that (I) (this haspital) (attended the deceased fram fram causes and an the date stated above. and that death accurred at FUNERAL DIRECTOR: saw the deceased alive and 22a SIGNATURE 225 DATE SIGNED ATTENDING STAFF DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Ruben S. Sebastin MD Jonna & Old Harford roads 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION (State) REMODY ALL (Specify) 11-9-67 Dulaney Valley Cockyesville Md 2 ADDRESS 2So. REC D BY REGISTRAR 24. FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 C.F.EVANS & SON 8802 Harford road DATENAL



8 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
after death, the-funeral 2 After death,	1. PLACE OF DEATH a. COUNTY. a. STATE I Land b. COUNTY b. COUNTY Limene b. COUNTY Limene
in by all	b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)  Bactimore  d. NAME OF HOSPITAL OR INSTITUTION (If not, in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE
in Ver	Jaint Joseph's nonpital //04 Banley Avenue DN A FARMY, YES NO []
d w mple carl ent,	3. NAME DF DECEASED First Middle Last 4. DATE Month Day Year OF DEATH Nov. 18 19 67  5. SEX 6. COLOR OR RACE 17 MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
be execute sician and co ease remove and in any ev	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE (In years   FUNDER I YEAR   FUNDER 24 HRS.
	during most of working life, even if retired)  Lectronics  Self-Employed  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
death certificate be te attending physiciar permit. Then please ilon, or removal, and i	John Simmons  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT  Address
e death c the atten t permit.	(Yes, no. or unknown) (If yes give war ar dates of service) 212-05-9027 Eileen in Simmons-7709 Bagley Ave21234
the sy the sit sit	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  A CONT. MARGACLET  INTERVAL BETWEEN ONSET AND DEATH  CONT.
es th ohysic signe urial- urial-	Conditions, if eny, which gave rise to immediate (b) Cronsus, reduces
law requir rtending p has been s as the b prior to b	cause (a), stating the DUE TO Underlying couse last.  (c) Uslaws slave Continued of the terminal disease condition given in part (a) [19. Was autopsy]
The cate cate	PERFORMED? YES NO  20a. ACCIDENT WAS UNDERLYING TO 1.20b. DESCRIBE HOW INVERY OCCURRED. (Foter nature of injury in Part Lor Part II of Item 18.)
YSI he he he	
NG P by th fiter i	2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, Hour a.m. p.m. 19 At work at work at work 21, I certify that (I) (this hospital) attended the deceased from 2 C 1 192 to 1941.
ATT retar retar sh vith	21. I certify that (I) (this hospital) attended the deceased from
	22c. PHYSICIAN'S  ATTENDING MED. STAFF   11/21/4)  22c. PHYSICIAN'S   22d. ADDRESS
HOSP age 4 FUNE irecto	NAME (Type)  23a. BURIAL CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (Stete)
Tr Tr Pr	REMOVAL (Specify)   11-22-67   Invested   Panh   250. REGISTRAR'S SIGNATURE   250. REGISTRAR'S SIGNATURE
VR A15 (4)	John C. miller Inc6415 Belain Rd21206 DATE NOV 24 1967 Jellanles Judges



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15104 15106 CERTIFICATE OF DEATH by the funeral Pages 1 and pars after death and 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission), o. STATE Laryland b COUNTY o. COUNTY Baltimore MARYLAND requires that the death certificate be executed within 24 hours after CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest fawn) b CITY OR TOWN (If autside carparate fmits, papers. Pag hin 72 hpars write RURAL and give nearest town) kingsville 21027 e IS RES DENCE ON A FARM? d STREET ADDRESS a NAME OF HOSPITAL OR INSTITUTION (If not in haspitar, give street address) completely filled St. Joseph Mospital Cedar Lane YES [ NO 4 DATE 3 NAME OF Middle Month Last Day Year burial, crematian, ar remaval, and in any event, wit DECEASED ÖF Marie Α. Smetuna November 5C 19 DEATH (Type or print) 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS 5 SEX 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** last buthday) Months Days Hours White 12-27-1901 Female WIDOWED DIVORCED 12. CIT ZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 10o USUAL OCCUPATION (Give kind of work done during most of working the even if ret red) COUNTRY? INDUSTRY Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown vanicek 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO permit. (Yes, ng. or unknown) (If yes give wor or dates of service) Louis Lane Kingsvis Robert J. Smetana-909 /10 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) signed by the buriaf-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebellar infarction IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by DUE TO signed t Conditions, if any, which gave (b) rise to immediate couse (a), DUE TO stoting the underlying cause as the prior to t last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use YES TE NO Cerebral edema 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of Item 18.) 20a ACCIDENT WAS LINDER, YING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or tawn) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Haur a.m. Not While at work at wark 21. I certify that (this haspital) attended the deceased fram 200 0 1907 to MOV. 30 be filed with the 19 67, and that death accurred a 6.13 M. fram causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 220 SIGNATURE STAFF PHYS. 12/1/67 M.D DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN'S Reynaldo Orjuela Gomez, M.D. NAME (Type) 7620 York Rd. Baltimore, Md. 21204 directar, should br 23c. NAME OF CEMETERY OR CREMATORY 230 BURIA CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Suria 25d: -REC'D' BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Miller Inc-6415 Belair Rd.-21206 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) g. COUNTY n STATE **b.** COUNTY Baltimore Page ment of atimore 9 MARYLAND b. CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c. EITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) PM3. write RURAL and give negrest fown) d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS Office along with farm "The hona venue A Le Jan Ivinue NO [A] YES in pencil in Item 18. Give Pages 3 NAME OF M ddle 4 DATE Month Year DECEASED Frederdick Smith. DEATH nove ber. (Type or print) poges lond2 with 9 AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6 COLOR OR RACE NEVER MARR ED B. DATE OF BIRTH lost burthday) Manths Days Haurs Tale unust 2. any event within 72 hours ofter death. WIDOWED F DIVORCED 10a USTAL OCCUPATION (Give kind of work dane 11 B RTHPLACE (State or foreign country) 10b K ND OF BUSINESS OR 12 CITIZEN OF WHAT during mast of working life even tretired). COUNTRY? This cert ficate should be executed within 13. FATHER'S NAME-14. (MOTHER'S MAIDEN NAME Thomas Smith Wellie Gordon 1S WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, gna, or unknown) (If yes, give war ar dates of service) 17 INFORMANT 16. SOC AL SECURITY NO Address pending" a ril. necords one 1B. CAUSE OF DEATH (Enter only one cause per line factor (b) and (c) ) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) e, writing the ward forworded to the Cr +201 DUE TO Conditions, if ony, which gave (b) rise to immediate cause (a). ⊑ DUE TO stating the underlying couse ond last removal, 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO. YES 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of impry in Part L or Part L of Item B) 3 should Ь PR MARY CONTRIBLTING CONTRIBLTING CAUSE OF DEATH cremotion, MEDICAL 20d INJURY OCCURRED 20c TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Hame, form, 20f (City or town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) Nat While at work of work 21. I certify that I taak charge of the remaps described above, held on Autapsy Inspection -Inquiry and in my opinion Natural causes death resulted from. Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior FUNERAL DEPLITY MEDICAL EXAM NER **EXAMINER'S** NAME (Type) Charles O'Donnell Address (Street, city, town, or county) 230 BURIAL CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stole) 50 REMOVAL (Spec fy) ene en wice nan ual 24 EUNERAL DIRECTOR ADDRESS 2So REC D BY REG STRAR 256 REGISTRAR'S S GNATURE VR A15ME (5) lowson. Parulano 6M 1/67

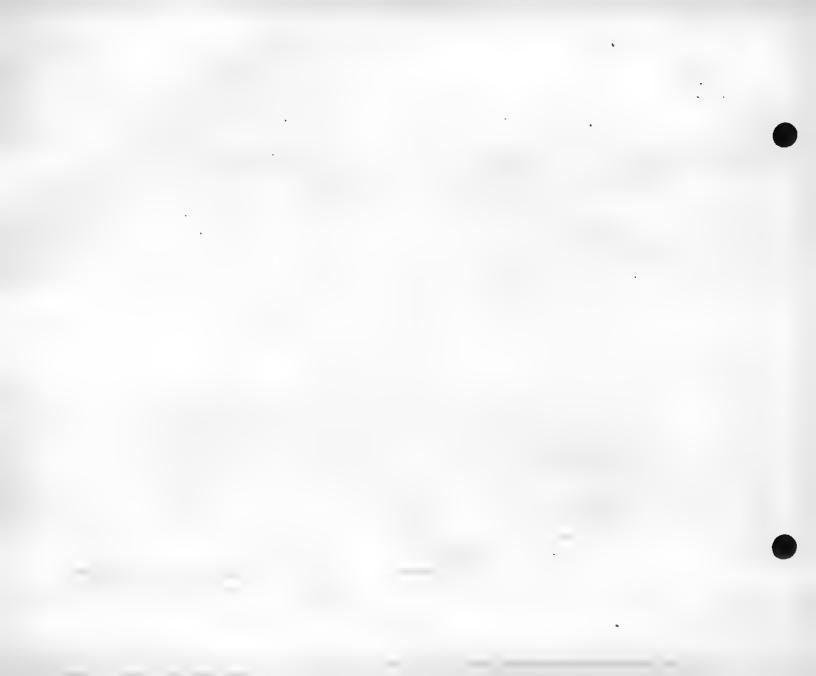
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ξ <b>1</b>	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  Them 8 Film 0301, 37 /10/67 Mc CERTIFICATE OF DEATH
e executed within 24 hours after death. an and completely filled in by the in an a center land in any event, within 72 hours after death.	1. PLACE DF DEATH a. COUNTY BAHIMORE MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  D. C. LENGTH DF STAY IN 1b Write RURAL and give nearest town)  HONTH d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  SERVICE SEX G. COLOR OR RACE 7. MARRIED NEVER MAR
The law requires that the death certificate be or attending physician, as the has been signed by the attending physician use as the burial-transit permit. Then please salth prior to burial, cremation, or removal, and in	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 2 1 2 - 05 - 66 94  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). I  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  15. Cenditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)  CA  CA  CA  CA  CA  CA  CA  CA  CA  C
ATTENDING PHYSICIAN: retained by the hospital ECTOR. After this certific 3 should be detached for with the State Dept. of He	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. 19 at work at work stated above 21. I certify that (I) (this hospital) attended the deceased from 7 - 7, 19 2, to 7 - 4, 19 2, that (I) (we) las saw the deceased alive on 7 - 19 2, and that death occurred at 35M from the causes and on the date stated above 22a. SIGNATURE 122b. DATE SIGNED
TO HOSPITAL OR Page 4 may be to funeral DIR director, page should be filed	22c. PHYSICIANS NAME (Type) NAME (Type) NAME (Type) PHYS.  22d. ADDRESS  23d. ADDRESS  23d. LOCATION (City, town or county) Physicians REMOVAL (Specify) Phys.  22d. ADDRESS  68 M C  23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Phys.  22d. ADDRESS  68 M C  23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Phys.  23d. ADDRESS  25d. LOCATION (City, town or county) Phys.  25d. LOCATION (City, t



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 5,09 CERTIFICATE OF DEATH low requires that the death certificate be executed within 24 hours after death ond 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) the ottending physician and completely filled in by the funeral sit permit. Then please remove carbon papers. Pager ond PLACE OF DEATH o. COUNTY 12 o. STATE b. COUNTY MARYLAND C LENGTH OF STAY IN Ab c CITY DR TOWN (if outside, corporate limits, write RJRAL and give nearest town) b CITY DR TDWN (If outside corporate I mits, IS RESIDENC ON A FARM d STREET ADDRESS DR INSTITUT DN (If not in hospital, give street oddress) YES ND NAME OF Middle DATE First Month Doy Year DECEASED OF 3 0 DEATH (Type or print) 196 S SEX 6 COLOR DR RACE B DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED birthdoy) Months Days hours or removol, and in any DIVORCED PAVO 5-16-1 10o USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? 13 FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service burial, cremation, CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ) INTERVAL BETWEEN signed by the burial-transit p PART I DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate cause (o). **DUE TO** stoting the underlying couse Page 4 may be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate hos been detached for use as the e Dept. of Health prior to last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) AEDICAL CERTIFICATION with the Stote Dept. of Health 200 ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. factory, street, office bidg, etc.) Not While 19 ot work of work 3 should be //-/2-1967, ta //-/3-, 1967, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 1967, and that death accurred at 155 AM, fram causes and an the date stated above. saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED director, page 3 should be filed v PHYS DIRECTOR 22c. PHYSICIAN'S NAME (Type) BURIAL, CREMATION DATE THEREOF 23 NAME OF CEMETERY OR CREMAJORY LOCATION (City or Town) (Stote) FUNERAL DIRECTOR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

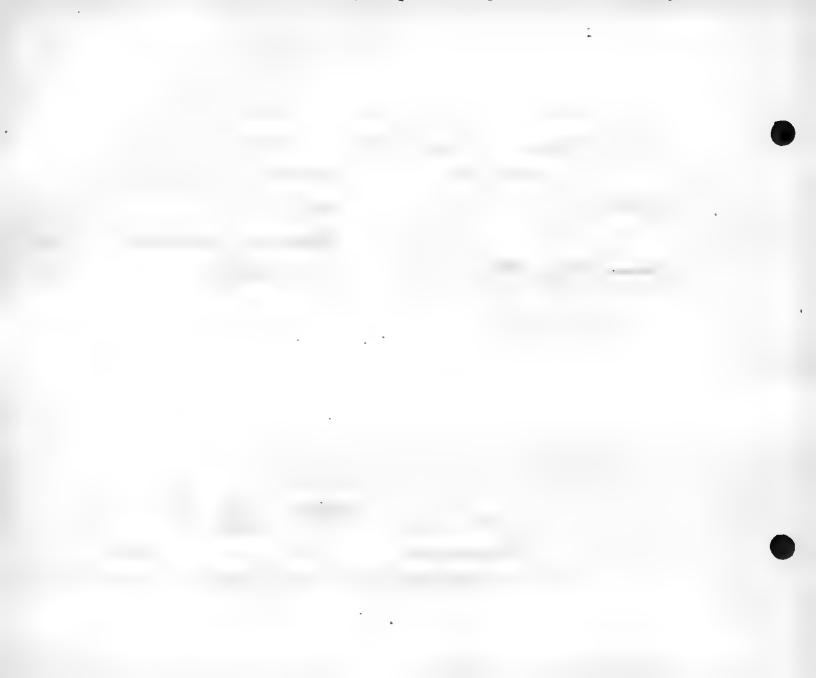
MARYLAND STATE DEPARTMENT OF HEALTH



/ 1 I	MARYLAND STATE DEPARTMENT OF HEALTH	DVI AND
A mi	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND 5110
death.	1. PLACE OF DEATH    2. USUAL RESIDENCE (Where deceased lived, If institution: Resi	denon hatern admission)
after death the funeral ges 1 and 2 after death	a. COUNTY a. STATE , b. COUNTY -	- · V
afte the afte	b. CITY OR TOWN (f outside corporate limits,   c. LENGTH OF STAY IN 16   c. CITY OR TOWN (if outside corporate limits, write RURAL and	id give nearest town)
10	write RUBAL and give nearest town)	
hours d in b	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
Z E	Dulaney-Towson Nursing Home 509 8.43rd Street	YES NO 2
uted within completely ve carbon p	3. NAME OF First Middle Last 4. DATE Month	Oay Year
1 wi nple cart,	(Type or print) Leo Spampinato DEATH /Vovember 2	27 1967
executed wing and comple remove cartinary event,	5. SEX   6. COLOR OR RACE   7. MARRIEO   NEVER MARRIEO   8. OATE OF BIRTH   9. AGE (In years IF UNDER 1)   Months   O.	YEAR IF UNDER 24 HRS. Bys Hours Min.
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icate be physicia n please	(ontractor(retired) Sicily U.S. FATHER'S NAME	le Ale
certifica Iding ph Then removal		
ndir rer	15, WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO.   17, INFORMANT Address	
at the death certifica lan, d by the attending ph ransit permit. Then cremation, or removal	(Yes, no, or unknown) (If yes give war or dates of service) unknown Mary R. Spampinato 509 E. 43rd S	1
the tree	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1	INTERVAL BETWEEN
hat the ician. ed by t transit , crema	PART I. DEATH WAS CAUSED BY: Over whelmy infection	ONSET AND DEATH
ires that physician signed l burial-tra	DUE TO O O-T	и
phy phy puri buri	Conditions, If any, which gave rise to immediate (b)	
PHYSICIAN: The law requires that the death certificate be executed within the hospital or attending physician. this certificate has been signed by the attending physician and completely detached for use as the burial transit permit. Then please remove carbon le Dept. of Health prior to burial, cremation, or removal, and in any event, with	cause (a), stating the OUE TO Recent that where	4
law itten has as	Underlying cause last. ) (c) CELLULY TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
CIAN: The law re ospital or attendi certificate has b hed for use as it t. of Health prior	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  Level AS.  ASAD June Lable Turns left Reduces.  20a, ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Mem 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
Tiffer of He	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Mem 18.)  B (IF EITHER, NOTIFY MEDICAL EXAMINER)	
HYSICIA ne hospi this cert etached Dept. of		
PHYS the h this detac	20c. TIME OF INJURY Month, Oay, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20f. (City or town)   (Count factory, street, office bidg., etc.)   20f. (City or town)   20f. (City or t	ly) (State)
NG by by fter stat		
	1// n // / / / / / / / / / / / / / / / /	2, that (I) (we) last
ATTE retai	saw the deceased alive on 1/27, and that death occurred at 4:44 M, from the causes and on the	
OR ATTEND 1 OR ATTEND 1 DE CETOR: 1 OR CETOR: 1 OR CETOR: 1 OR CETOR:	M.D. ATTENDING MEO. STAFF PHYS.	L OTATES
PITAL 4 may ERAL Dice, paged be file	22c. PHYSICIAN'S NAME (Type) I (1) (1) (1) (2) (2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Balle
SPI e 4 e e 4 lineR ctor,	MAMIE (Type) FILT, DUGAN IS 2 BIDDLE ST.	wa.
TO HOSPITAL OR ATTEND Page 4 may be retained for Funeral Director, page 3 should Should be filed with the	23a. BURIAL, CREMATION, 23b. CATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or count REMOVAL (Specify)	
	REMOVAL (Specify)  Burial 11/30/67 Holy Redeemer Cemeters Baltimore  24. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS REGISTRAR'S	Md.
VR A15 (4)		4
15M 4-64	John A. Moran, Inc. 3000 E. Balto. 15t. DATENOV 3 0 1967	Jucker.



1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
£ 20E	CERTIFICATE OF DEATH
hours after death.  d in by the funeral rs, Pages, 1, and 2	1. PLACE OF DEATH a. COUNTY  BALTIMORE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY  D. COUNTY  D. COUNTY
ours after in by the Pages, hours aft	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
ed the	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS    e. IS RESIDENCE DN A FARM?
within pletely into p	3. NAME OF First Middle Last 4. DATE Month Oay Year
executed within and completély remov≡ carbon n any event, with	5. SEX 6. CDLOR DR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours   Min.
be extician an ase related and in a	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  1Db. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country)  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY
ifficate g physien lie noval, a	13. FATHER'S NAME  Robert Ray Stomal  14. MOTHER'S MAIDEN NAME  Pinera
ath cerl attendin smit. Ti	15. WAS DECEASED EVER IN J. S. ARMED FORCES? (Yes, no, or unknown) (Ifyes give war or dates of service)  Address
TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely fludirector, page 3 should be detached for use as the burial-transit mermit. Then mease removal carbon page should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. OF LATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  20a. ACCIDENT WAS UNDERLYING (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  20c. TIME OF INJURY MONTH, Day, Year 20d. INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  20c. TIME OF INJURY MONTH, Day, Year 20d. INJURY OCCURRED. 20e, PLACE OF INJURY (Home, farm, p.im. 19 atwork at work at
VR AJ5 (4) 2DM 1/65	for a fathering the of the part to the par



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15112 15110 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY BALTIMORE BATTTMORE b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DUNDALK e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS NO 🍜 ST. JOSEPH HOSPITAT 62 S. DUNDALK AVE. 3 NAME OF Middle Last 4. DATE DECEASED (Type or print) DEATH NOVEMBER STECK DANTET 9 AGE ( n years JE LINDER 1 YEAR S. SEX 6 (OLOR OR RACE 7. MARRIED 8 DATE OF BIRTH **NEVER MARRIED** lost birthday) WIDOWED DIVORCED MATE WHTTPE 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY?S.A. que udinibat banockudhi Datellifas Haq BETHIEHEM STEEL SMITHBURG, MARYLAND 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME **JENETTE** SCHLOSSER JOHN STECK 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no granknown) (If yes give war at dates of service KATHERINE B. STECK-AS IN 2 ABOVE 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Massive pulmonary infarction IMMEDIATE CAUSE (a) 465 DUE TO pulmonary thrombo embolism Conditions if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES X NO Pulmonary emphysema 206, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20g ACCIDENT WAS UNDERLYING E. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL (City or town) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (County) (State) 20c. TIME OF INJURY Manth, Day, Year foctory, street, office bldg., etc.) Not While 21. I certify that XIX(this hospital) attended the deceased from NOVEMBER 7, 1967, to NOVEMBER 8 1967, that XX(we) last saw the deceased alive an NOVEMBER 8 1967, and that death accurred at 12:30 Mam causes and an the date stated above. 22b. DATE SIGNED 22a, SIGNATURE MED DIRECTOR 11/8/67 M.D. 7620 York Rd., Towson, Md. 21204 22c PHYSICIAN S Reynaldo Or juela-Gomez, M.D. NAME (Type) 23h DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 23a. BURIAL, CREMATION

Page 4 may be retained by the hospital or attending physicion. director, page 3 should be detache should be filed with the State Dept o

The law requires that the death certificate be executed within 24 hours after

lease remove corbon papers and in any event, within 72

buriol, cremation, or removal,

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BROOKS BRADLEY, DUNDALK, MARYLAND

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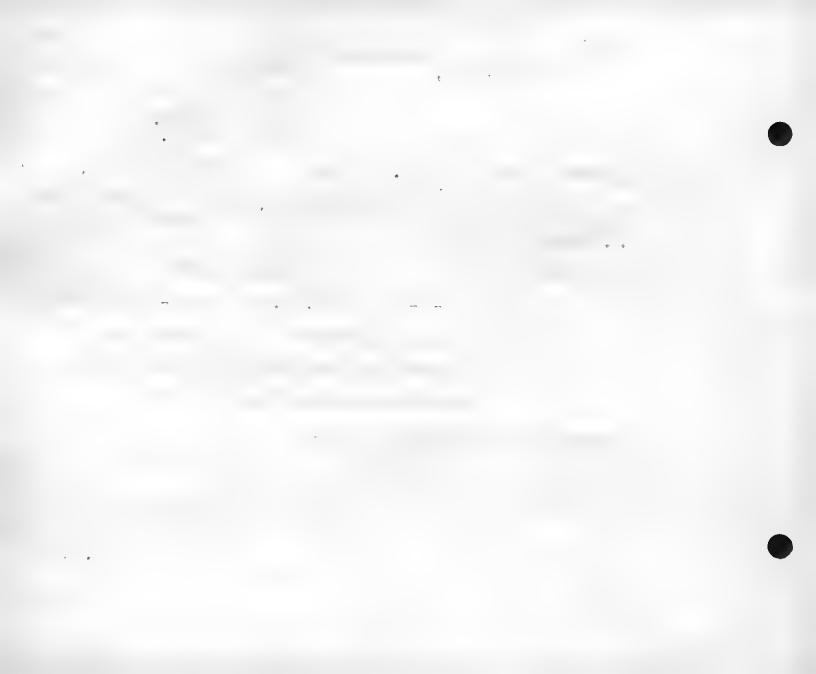
DATE





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15114 CERTIFICATE OF DEATH within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY BALTIMORE MARYLAND MARYLAND C LENGTH OF STAY IN 15 b CITY OR TOWN (If outside corporate limits, c EITY OR TOWN (If outside corporate mits, write RURAL and give nearest town) 2 DAYS BALTIMORE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL 829 N. EUTAW STREET YES NO D event, within NAME OF First Middle DATE remaye carban Lost Month Day Year DECEASED WILBUR STEINBAUGH NOVEMBER 19 67 BYRON (Type or print) DEATH that the death certificate be executed IF UNDER IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED Months birthdoy) Doys Hours WIDOWED DIVORCED MATE 100 JS-AL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 C TIZEN OF WHAT ng physician a Then please COUNTRY? TRICAL INDUSTRY WASHINGTON, D.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME bunal, crematian, or removal, WILLIAM STEINBAUGH BESSIE MAWSON 17 INFORMANT IS WAS DECEASED EVER IN J. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dotes of service) 578 20 15 65 CLINICAL RECORDS. VAH. FT. HOWARD. MD. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c) ) signed by the UNKNOWN PART I DEATH WAS CAUSED BY-CARCINOMA OF BLADDER WITH METASTASES IMMEDIATE CAUSE (o) XXXX Conditions, if ony, which gove BRONCHOPNEUMONIA, BILATERAL, UNDETERMINED ORGANISM nse to immediate couse (a), DUE TO stoting the underlying couse prior to l last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? far use Health NO 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH tached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm (City or town) (County) (Stote) 20c T.ME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg., etc.) Not While ATTENDING ot work OCT 19.67 , ta NOV 2 , 19.67 , that (\$ (we) last 21. I certify that (this haspital) attended the deceased from 1967 and that death accurred at 5:25M, from causes and on the date stated above. DIRECTOR: saw the deceased alive on. NOV 220 SIGNATURE 22b. DATE SIGNED ATTENDING MED DIRECTOR 11/3/67 director, page 3 should be filed v M.D PHYS 22d ADDRESS 22c PHYSICIAN'S JOSEPH J. MOWAD, M. D. FUNERAL VAH FORT HOWARD, MARYLAND NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION 23b DATE THEREOF (County) (Stote) REMOVAL (Specify)
BURTAL BALTIMORE NATIONAL BALTIMORE. MARYLAND 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67 ZANNINO FUNERAL HOME Marelan CONKLING ST. BALLIMORE, MD.

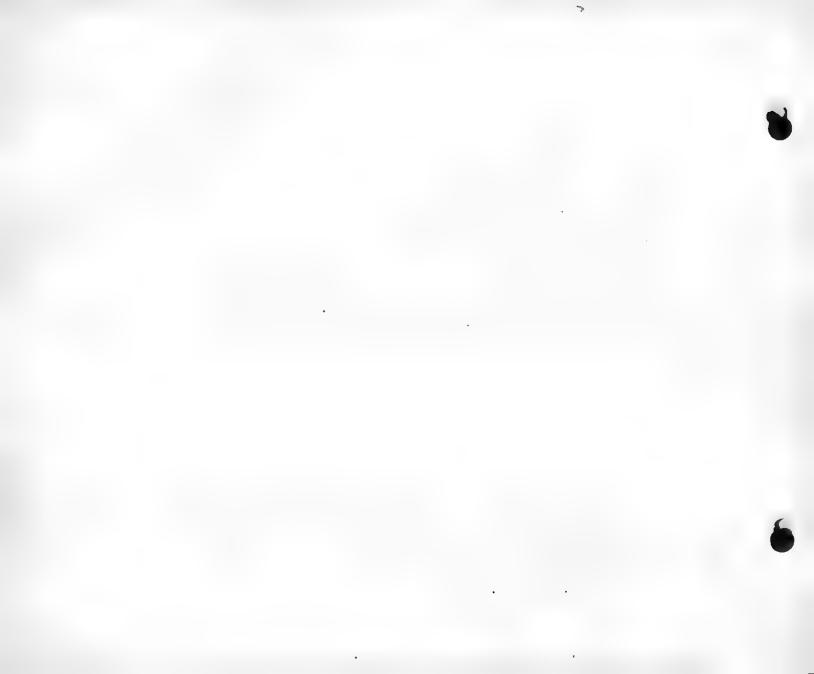
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15115 CERTIFICATE OF DEATH Raltimore Cty death USUAL RESIDENCE (Where deceosed lived, if institut on Residence before admission) o STATE Mary Land b (OUNTY Balt Liners funeral 1 and PLACE OF DEATH Catonsville-21228. n. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) The law requires that the deoth certificate be executed within 24 hours witkin 72hours Catensville - 21228.
d. Rosewood Avenue. e, IS RES DENC d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? Spring Grove State Hospital YES NO [ NAME OF Middle DATE remove carban November STERNER DECEASED (Type or print) OF DEATH Llets A. ond in any event, 6. COLOR OR RACE 9. AGE (In years lost b rthdoy) B. DATE OF BIRTH 7 MARRIED NEVER MARRIED Dovs Hours August 27,1911 white male WIDOWED DIVORCED and 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign Country) 12 CIT ZEN OF WHAT during most of working life even if retired) COUNTRY? US attending physician ( permit. Then please INDUSTRY Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME buriol, cremation, or remaval, Lloyd E. Sterner Margaret ALEXANDER Address Catons ville. 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service 16 SOCIAL SECURITY NO Wife:Mrs.Mary STERNER -128 Rosewood Ave 214-09-3488 No INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY burnal-tronsit Heartfailure (sudden death) Acute IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital or attending physician. DUE TO (b) Arteriescleretic Heart Disease (Myocardial infarction) Conditions, if ony, which gove rise to immediate cause (a). DUE TO prior to stoting the underlying cause (d) Rilateral Pulmenary Emphysema (Chest-X-ray) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? hos 3 should be detached for use with the State Dept. of Health YES X en a psychogenic basis. NO Malmutrition this certificate 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of item 18.) 200 ACC DENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) no accident MEDICA, 20d INJURY OCCURRED 20e PLACE OF IN. JRY (Home, form, 20c TIME OF INJURY Month, Dov. Year (City or town) (County) (Stote) Hour p.m. factory, street, office bidg , etc.) of work 1967 to November 11967, that (we) last 21. I certify that (1) (this haspital) attended the deceased from October 1. saw the deceased olive an November 1 19 67, and that death occurred at 2.25 Markom causes and on the date stated above. TO FUNERAL DIRECTOR: 22g SIGNATURE 22b DATE SIGNED STAFF Nov.11, 1967 DIRECTOR filed be filed 22c PHYS CIAN'S Spring Grove State Hospital Kopi NAME (Type) I m-re Drdirector, should b 230. BURIAL, CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify)
Burial Md. Boonsboro 11/15/67 Boonsboro Cemetery 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR Hubbard Funeral Home, 4107 Wilkens Ave. 21229 Wiliamon Juice



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission PLACE OF DEATH o. COUNTY o STATE aryland Baltimore MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RJRAL and give nearest town) Baltimore d. STREET ADDRESS e IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) the attending physician and completely fitted in sit permit. Then please remave carbon papers ON A FARM? St. Josephs Hospital 4402 Arizona Avenue YES NO D 4. DATE 3. NAME OF Middie Month First Year DECEASED (Type or print) Mary STOCKMAN November 18 67 DEATH AGE (n years last bothday) 8 DATE OF BIRTH IF JNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Hours 12-10-29% whi.te cremation, or removal, and in any female WIDOWED DIVORCED 10a JSUAL OCCUPATION (Give kind of work done during mast of working life, eyen if retired) 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) INDUSTRY Maruland Housewite 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME 16 SOCIAL SECURITY NO INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes give wor or dotes of service) Unk. Marie Nelson NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: Cardiac arrhythmia ONSET AND DEATH IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the hospital or attending physician. DUE TO burial Coronary artery disease Conditions, if any, which gove (b) rise to immediate couse (a), DUE TO stating the underlying couse **EECTOR:** After this certificate has been 3 shauld be detached far use as the with the State Dept. of Health priar to arteriosclerotic cardiovascular disease lost WAS AUTOPS? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day Year factory, street, office bldg., etc.) Hour o.m ot work of work O FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) ottended the deceased from LONovember, 1907, to November 1907, that (1) (we) last saw the deceased glive on November 18967, and that death occurred of 5P.M.M. from couses and on the date stated above. 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. ATTENDING 11-18-67 directar, page 3 should be filed v M.D. DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (TYPE) MO Gayoso 7620 York Road 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. REMOVAL (Specify) Holy Redeemer emete 250. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) Inc. Balto. Md. 21214 20 M 1/66

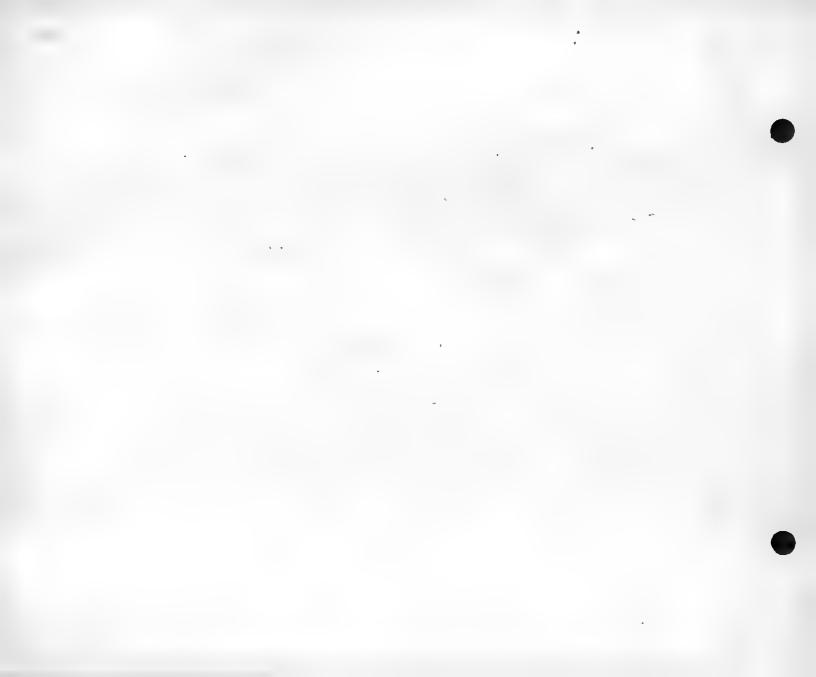


MARYLAND STATE DEPARTMENT OF HEALTH 15115 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15117 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a. COUNTY n STATE **b** COUNTY Maryland Baltimore Baltimore MARYLAND delay c CTY OR TOWN (If autside carparate imits, write RURAL and give nearest tawn) b CITY OR TOWN ( f autside carporate limits. CLENGTH OF STAY IN 16 write RURAL and give nearest town)
Catonsville Catonsville d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS farm 334 Stafford Drive 334 Stafford Drive Pages YES NO -This certificate should be executed within 24 haurs after death 4 DATE NAME OF M.ddle Manth Last Year GIVO T DECEASED the 9 Lillian 1967 В Summers November (Type or print) DEATH = F UNDER 1 YEAR S SEX 6 COLOR OR RACE B. DATE OF BRITH AGE (In years 7 MARRIED NEVER MARR ED last birthday) Manths in pencil in Item 18. Female White WIDOWED D VORCED 1/29/05 62yrs hinurs after death l and 2 10a USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 B RTHPLACE (State or fareign (guntry) 12 C TIZEN OF WHAT during most of warking life, even if retired) NDUSTRY COUNTRY? USA Housewife Montanna "pending" in pencil in lef Medical Examiner's 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME File 1 Helena Taggert John Boyd IS WAS DECEASED EVER NUS ARMED FORCES? 17 INFORMANT 21228 16 SOC A. SECURITY NO. Address (Yes, no, or unknown) (If yes give war or dates of service) mithin Mrs. Marilyn B. Towles, 334 Stafford Drive No 1B. CAUSE OF DEATH (Enter only one cause peratine for (a), (b), and (c).) PART I DEATH WAS CAUSED BY event IMMEDIATE CAUSE (a) writing the ward DUE TO in any Conditions, if any, which gave (b) rise ta immediate cause (a). farwarded ta DUE TO stating the underlying couse 0 last ds nsed PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 9 WAS AUTOPSY removal, PERFORMED? CERTIFICATION NO the certificate, YES shauld be 20g EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 3 shamld PRIMARY [ ] or CONTRIBUTING [ CAUSE OF DEATH 3 20f (City or town) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (County) (State) Nat While MED Haur a.m. factory, street, affice bldg , etc ) at wark at wark please execute 21. 1 certify that I taak charge of the remains described above, held an Autopsy Inspection X Inquiry . and in my apinian director. death resulted fram Natural causes Accident Suicide Hamicide Indetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22 DATE SIGNED ASSISTANT MEDICAL EXAM NER prior **SIGNATURE** O DEPUTY DEPLTY MEDICAL EXAMINER **EXAMINER'S** 5 m TIIIII Dr. James N. Frederick Address (Street city town, or county) NAME (Type) 1311 Francis Ave. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 23a BURIAL CREMATION (State) REMOVAL (Specify)
Burial 11/4/67 Baltimore Md. Loudon Park Cemetery 25a REC D BY REGISTRAR 24 FUNERAL DIRECTOR 2Sb REGISTRAR S SIGNATURE VR A15ME ( DATENOV & MisseFar 6M 1/67 Howard H. Hubbard, 4107 Wilkens Ave. 21229



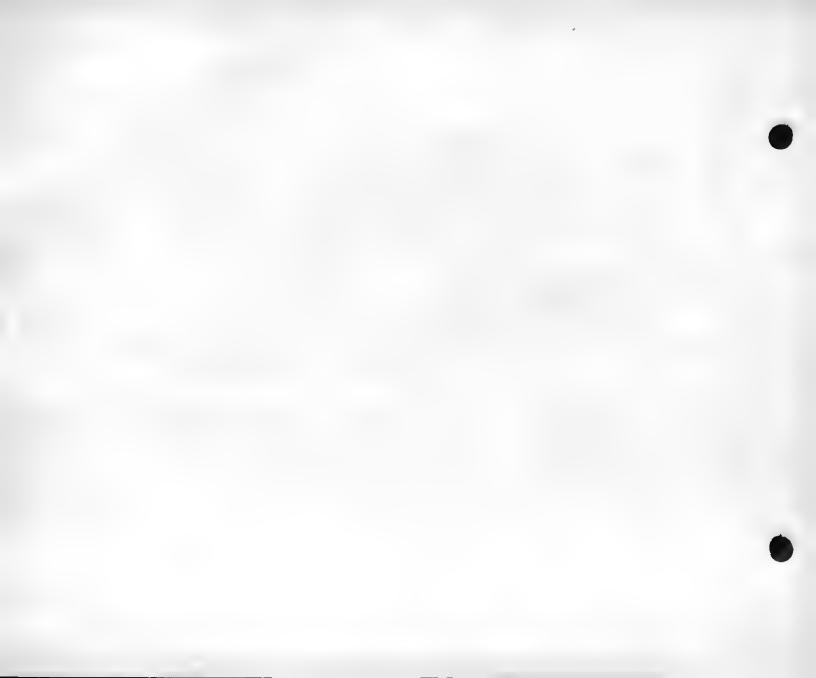


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15119 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2 USUAL RESIDENCE (Where deceased lived, funstitution Residence before admission) 1. PLACE OF DEATH o COUNTY o STATE **b.** COUNTY MARYLAND Baltimore Marvland b CITY OR TOWN (If outside corporate imits. C LENGTH OF STAY IN 1b. c CITY OR TOWN (If guts de corporate limits, write RURAL and que nearest town) write RURAL and give negrest town) Essex Essex d NAME OF HOSPITA, OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS B IS RESIDENC ON A FARM? 50 High Seas Ct. 50 High Seas Ct. NO 24 haurs after death Office along with 3 NAME OF Month 4 DATE Dov DECEASED SYNAN (Type or print) DEATH November 21 ARLENE MARIE S. SEX 9 AGE ( n years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED R. DATE OF BIRTH Months lost burthdoy) Dovs death. WIDOWED DIVORCED land2 v Female White 10a USUA, OCCL PATION (Give kind of work done 11 BERTHPLACE (Stote or fore gn country) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? INDUSTRY USA ward "pending in pencil in the Chief Medical Examiner's 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME executed within OHNSON D. BAILEY IS WAS DECEASED EVER IN U.S. ARMED FOR CES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) DAVID A STRAN ABOVE 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN event PART I DEATH WAS CAUSED BY ONSET AND DEATH Skull fracture EMMEDIATE CAUSE (o) \_\_\_\_ 2000 This certificate shauld XXXXII Conditions, if ony, which gove Subdural hematoma (b) ase to immediate couse (a). WEXXX stoting the underlying couse 0.5 Contusion severe of brain PART HOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? MEDICAL CERTIFICATION YES 🔽 NO 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) PRIMARY A or CONTRIBUTING CAUSE OF DEATH Subject fell down stairs 20c TIME OF INJURY Month, Day, Year Hour XXXX 20d INJURY OCCURRED \( \gamma\) 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) While Not While of work foctory, street, office bldg , etc.) DIRECTOR: Page Home Essex Ralto. 21. I certify that I took charge of the remains described above, held an Autopsy 😿 Inspection . Inguity , and in my opinion the funeral director. death-resulted from. Natura cijuses ], Accident X. Suicide [ Undetermined manner Hamicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X priar DEPUTY MFDICAL EXAMINER **EXAMENER'S** NAME (Type) Address (Street, city, town, or county) Edward F November-NAME OF CEMETERY OR CREMATORY 23o BURIAL CREMATION 23d LOCATION (City or Town) 500 REMOVAL (Specify) 11/23/67 BLUEFIELD ROSE LAUN W. VA. REMODAL CEMI 24 FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 25b REGISTRAR'S SEGNATURE VR A15ME (5) 300 MACE 6M 1/67 G. CONNELLY DATE





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13121 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE **b.** COUNTY **MARYLAND** b CITY OR TOWN (If outside corporate limits. c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ESSEX ESSEX d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE CORALTHORN 2215 CORALTHORN YES NO P The law requires that the death certificate be executed within NAME OF 4 DATE carban DECEASED NOV. (Type or print) J EAN TAKLOR DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 8. DATE OF BIRTH 9 AGE (In years 7. MARRIED NEVER MARRIED remaye lost birthdoy) WIDOWED DIVORCED | 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 2 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 115A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar removal, CLARENCE REF LAURABELLE TENNETT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (if yes give war or dates of service) ABOVE JAMES TAYLOR 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c)) INTERVAL BETWEEN burnal-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ANUKLON IMMEDIATE CAUSE (o). DUE TO Devenation Co Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse as the 6 705 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPS PERFORMED? NO L 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port I of item 8) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (State) 20c TIME OF INJURY Month, Doy Year (County) factory street, office bldg , etc.) White of work Not While of work Thety, 19 67, 10 11/9 1962, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from\_\_\_\_ saw the deceased alive on \_\_\_ 1967, and that death accurred at \_\_\_\_\_M, from couses and on the dote stated above. 22a. SIGNATURE 22b DATE SIGNED 21/10/63 MD 22d ADDRESS Epiter N Olval 22c. PHYSICIAN'S BLATT, MD NAME (Type) director, should be 230 BUR AL, CREMATION, REMOVAL (Specify) 23d LOCATION (City or Town) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) BALTO. NATL. BALTO. 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Milanes Judge 300 MACE G. CONNELLY SONS DATAIN 13



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15122 CERTIFICATE OF DEATH executed within 24 hours after death. eoth funeral ond 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH O. COUNTY RATITIMORE O STATE MARYLAND MARYLAND b CITY OR TOWN (If outside corporate imits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 236 DAYS BALTIMORE FORT HOWARD d. NAME OF HOSPITAL OR INSTITUTION (If not in nospital, give street address) d STREET ADDRESS e IS RESIDENC ON A FARM 2804 SPRINGHILL AVENUE VETERANS ADMINISTRATION HOSPITAL NO PE within carban NAME OF Middle 4 DATE Month Year DECEASED 19 67 HEWRY TAYLOR NOVEMBER and in any event, (Type or prant) DEATH AGE (In years IF UNDER 24 HRS S SEX 6. COLOR OR RACE B. DATE OF BIRTH F UNDER 1 YEAR 7 MARRIED NEVER MARRIED remave birthday 12/28/87 MALE NEGRO WIDOWED X DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 C TIZEN OF WHAT physician a ien please i during most of working life, even if retired) U.S.A. INDUSTRY BALTIMORE, MARYLAND The law requires that the death certificate LABORER CONSTRUCTION 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal. DALLAS TAYLOR LENA MONROE IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 215 07 59 99 CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), DAY AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit **BRONCHOPNEUMONIA** IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO 1 YEAR METASTATIC CARCINOMA Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 4 YEARS as the ADENOCARCINOMA OF PROSTATE PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTOPSY CERTIFICATION PERFORMED? NO certificate PHYSICIAN: b 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (Stote) 20c TIME OF INJURY Month, Doy, Year (City or fown) (County) Hour 'o.m. foctory, street, office bldg., etc.] of work 21 | certify that (X (this haspital) attended the deceased from 4/10/67 11/30/67, 19 19 , that 2(1) (we) last and that death accurred at 5:35 Mifram causes and an the date stated above. saw the deceased alive an 11 220 SIGNATURE 22b DATE SIGNED MED DIRECTOR directar, pag shauld be file 22c. PHYSICIAN S FUNERAL FORT HOWARD, MARYLAND PETER V. JUVAN. M. D. 23by DATE THEREOF 230 BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (Stote) 9 24 FUNERAL DIRECTOR ADDRESS VR A15 (4) 25M 1/67 ELLIOTT N. CAROLINE ST. BALLIMORE,



	DIVISION OF STA	MAR FISTICAL RESE	YLAND STATE DE! ARCH AND RECORDS	PARTMENT OF 5, 301 W. PRESTO	F HEALT IN STREE	H F, BALTIMO	RE 1, MAR	YLAND
	75121		CERTIFICAT	E OF DEATH	1		25 2	23
i				2. USUAL RESIDEN	CE (Where dec	eased lived, If in	stitution: Reside	nce before admission
	Baltime	ore	MARYLAND	a. STATE Maryla	nd	Ba i		0
	b. CITY DR TOWN (if outside write RURAL and give near	corporate limits,	c. LENGTH OF STAY IN 16	c, CITY DR TOWN (H			rite RURAL and	give nearest town
	Catonsuil	lest town)		Catons	111770			
_	d. NAME OF HOSPITAL OR INS	TITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS	<u>vecce</u>		-	e. IS RESIDENCI
	235 Ridgewa	u Rd.		235 Rid	аешаи	Pd		ON A FARM?
3	NAME OF	First	Middle	Last	4. DATE	Mont	th Dr	ay Year
	DECEASED (Type or print)	WILLIAM	MAURICE TEM	MINK	OF DEATH	Noveml	ber 6	1967
5	SEX 6. COLOR OF			8. DATE OF BIRTH	9.	AGE (In years		AR IF UNDER 24 HRS
	male whi	te WIDOWED	DIVORCED	July 29,1	896   1	Jast birthday)	Months Days	s   Hours   Min.
1	a. USUAL OCCUPATION (Give kind	of work done   10b. K	IND OF BUSINESS OR NOUSTRY iting	11. BIRTHPLACE (C		er foreign country	y) 12. CITIZE COUNTI	N OF WHAT
4	ttorney, PE	&D. Und	lerwriting	Howard	County	y, rid.	USA	KTE
1	. FATHER'S NAME			14. MOTHER'S MAIL				
	Henry Temmi	nk		Kathe	rine l	Kuhns		
[	o. WAS DECEASED EVER IN U.S. AF es, no, or unkown)   (If yes give war	MED FORCES?   16.		INFORMANT	-	Addre		
ľ	yes WWI	2	15-10-1398 M	rs Mary M	. Tem	nink 2	35 Ridg	geway Ro
-	18. CAUSE OF BEATH (Enter	only one cause per l	ine for (a), (b), and (c).]				IN	TERVAL BETWEEN
	PART I. DEATH WAS CAU IMMEDIATE	SED BY:	eccinoma of	gall Plan	dela	with	U	NSET AND DEATH
	,	DUE TO	V	una las	laite			7
	Conditions, if any, which }	(b)						
	gave rise to immediate (	DUE TO						
	underlying cause last.	(c)						
CERTIFICATION	PART II. OTHER SIGNIFICANT C	ONDITIONS CONTRIB	JTING TO DEATH BUT NOT RELA	TED TOTHE TERMINAL	DISEASE CONE	HTION GIVEN IN	PART 1(a) 15	<ol><li>WAS AUTOPSY PERFORMED?</li></ol>
ICA								YES NO
RT	2D2 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	ING 20b.	DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature o	f Injury in Pa	rt I or Part II (	of Item 18.)	
MEDICAL	2Dc. TIME OF INJURY Month		facto	CE OF INJURY (Home, fa ry, street, office bldg., e	arm, 20f. (	City or town)	(County)	(State)
MFR	p.m.	19 While	- NOT WILLE -			_		
	21. I certify that (I) (th	is howital) attend	ed the deceased from/		95/, to_	how- 6		that (I) (we) las
	saw the deceased alive	1 ~ ~	19 <u>67</u> , and that	death occurred at 2	AM, fro	m the causes	and on the da	ate stated above
	22a. SIGNATURE	1 ~		ATTENDING	MED	STAFE	22b. DATE S	
	folice	i hashill	/) · M.D		DIRECTOR _	STAFF PHYS.	11-6	-6/
	22c. PHYS/OIAN'S NAME (Type)	NA.ME	SKITT In	22d. ADDRESS	Des	-0 01	Kati	in the
		- / / / / E	7/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	1007 J		- Ven	A	21278
2	REMOVAL (Specify)	DATE THEREOF	23c. NAME OF CEMETERY		1	CATION (City, to	own or county)	(State)
-	Burial No.	0 8,1967	New Cathed		Balt C'D BY REGIS	imore TRAR   25b. R	EGISTRAR'S SIG	and GNATURE
	STERLING EUNE.	RAL ESTAT	E 736 Edmon			967 P	Charles	Judge
	Cato	asuille.	7d.	CATEVEL	17 9	NOI A		7

DEFIER BUSINESS FORMS, MICH. BAETINORE MC. 21201



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15124 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission b. COUNTANNE ARUNDEL o. COUNTY o. STATE BALTIMORE MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
FORT HOWARD and in any event, within 72 hours 21 DAYS TRACEYS LANDING d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENC ON A FARM VETERANS ADMINISTRATION HOSPITAL ROUTE 2 YES K NO NAME OF First Lost 4. DATE Month DECEASED DAVID 67 THOMAS NOVEMBER 19 (Type or pnnt) DEATH IF UNDER 1 YEAR B. DATE OF BIRTH AGE (In years IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** birthdoy) 8/30/95 MALE NEGRO WIDOWED X DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? FARMER FARM JEWELL, MARYLAND U.S.A. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, or removal, THOMAS THOMAS HENRIETTA GRAY 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 218 24 68 37 CLIN.RECORDS. VA HOSPITAL, FT HOWARD, MD TB. CAUSE OF DEATH (Enter only one couse per one for (a), (b), and (c).) INTERVAL BETWEEN HOURS DEATH PART I, DEATH WAS CAUSED BY Bronckopnen mon la IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse (r) WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) STATUS POST GASTRECTOMY 20o ACC DENT WAS UNDERLYING I 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port I of item 3B.) OR CONTRIBUTING 

CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJJRY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) of work 21 | certify that (1) (this haspital) attended the deceosed from 11/3/6 \_\_, that 🗱 (we) last saw the deceased olive an and that death occurred at from causes and on the dote stated above 22b. DATE SIGNED 220 SIGNATURE 11/24/67 DIRECTOR PHYS 22d. ADDRESS 22c PHYS CIAN S VAH FORT HOWARD, MARYLAND NAME (Type) MADRAY D. BARKANFURKAR 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION (County) (Stote) REMOVAL (Specify) FRIENDSHIP, MARYLAND ADDRESS 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR REECE FUNERAL HOME DANOV

ANNAPOLIS, MARTIANI

requires that the death certificate be executed within 24 hours after death. filled carban remove physician al nen please r signed by the burial-transit Page 4 may be retained by the haspital ar attending physician. director, p 2

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF BEATU

15127

			CEKTIFICA	ALE UI	DEATH			2. 0	/		
I PLACE OF DEA	TH					(Where deceased li			efore odgressio	n)	
o. COUNTY	Baltimore		MARYLAND		STATE -D.	C. Mil	b. COUNT	LA POD	1		
6 CITY OR TOY	VN (if outside corporate 1 mi	ts,	C LENGTH OF STAY IN 16		( CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town)						
write RURA	l ond give neorest town) Owings Mills		16 yrs.		Washington						
	DISPITAL OR INSTITUTION (IF I	not in hospital		1 4 5	TREET ADDRESS	HENS CON			e IS RES D	ENCE	
				1		17 17 3	D-2	0.10	ON A FA	IRM?_	
	Rosewood Sta					12 Valor				NO [X]	
3. NAME OF DECEASED	· ·	irst	Middle		Lost	4. DATE OF	Month		Doy Yea		
(Type or print)		othy	Louise	_	TODD	DEATH	1.)		9 19		
S SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	] B. DAT	E OF BIRTH	9 AG	E (In years st birthday)	Months Do	AR IF UNDER	24 HRS	
Femal	e White	WIDOWED	DIVORCED [	] 6	-1-47		20 Yrs		110072		
100 USUAL OCCUPA	AT ON (Give kind of work done		NO OF BUSINESS OR	11	BIRTHPLACE (County	y & State, or foreign	country)	12 CITIZE COUNT	N OF WHAT		
Depen	king life, even if retired) den t	IN	none	W	ashingto	n, D.C.		COUNT	U.S.A		
13. FATHER'S NAM				14.	MOTHER'S MAIDEN	NAME					
James	Clifford To	44			Dorothy	Edna Fol	lin				
IS. WAS DECEASED	DEVER IN U.S. ARMED FORCES	? 16.	SOCIAL SECURITY NO	17 INFOR	MANT	<u> </u>	Addres	\$			
	wn) (If yes give wor or dates	of service)		Dagara	and Daga	rds, Owi	man Mil	lla Mr	h no lum		
NO CAUSE O	OF DEATH (Enter only one co	use per tree for		ROSEW	OOQ_Reco	orus, Owi	TIRS LITT	LLS, Mg	INTERVAL BET		
				eeini	om Øir				ONSET AND D		
149			cardial Insu	11161	енсу				z day	Ü	
		F 10									
rise to imme	ony, which gove	(b)									
stoting the i	Inderlying couse DU	E 10									
lost.	)	(c)									
PART I OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING 1	TO DEATH BUT NOT RELATED	TO THE TEI	eminal disease co	ONDITION GIVEN IN	PART I(o)		19 WAS AUTO PERFORME	)PSY FD?	
Epi	lepsy, conge	nital,	etiology not	deter	mined.					NO X	
E 200 ACCIDENT	TWAS LADERLYING		SCRIBE HOW INJURY OCCUR			Port Lor Port 1 c	filtem 1B)				
	TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)										
20x. TIME OF Hou	INJURY Month, Doy, Year	20d II	NJURY OCCURRED 20e		NJURY (Home, for		ty or town)	(County	()	Stote)	
물 Hou	r o.m. p.m. 19	While of wor		factory, str	eet, office bldg , etc.	L)					
21 1 6	P	0.000	ded the deceased from	n 9/	14	19 <b>51</b> , ta	11/9	1967	that th (s	ve) las	
saw th	e deceased alive an	11/9	19_67_, ond	that dea							
220 SIGNAT	URE /	7	0					22b DATE			
1 1	arry \$3. 1	Sint	ter		ITENDING HYS	MED DIRECTOR	STAFF PHYS	77	10-67		
22c PHYSICI					22d ADDRESS	DIRECTOR V.	11173		IU-O/		
NAME (		. Butle	r. M.D.		Rosewoo	od St. Ho	sp., O	wings I	Mills,	Md.	
230 BURIAL (RE)			23c_NAME OF CEMETERY	OR CREMA			ON (City or Tow			tote)	
RITINOVALISE	1//1	2/1/1	TRIAL CONTIN	AST AND	PARI	MA 11/	21.301	OL "	41	016	
24. EUNERAL DIR	ECTOP //	0/	A DODE OF	75/10	17/////	D BY REGISTRAR	251. 050	EISTRAR S SIGN	IATURE		
TALLIA A	WHINDERE!	01 5	11/1/1/1/2	17.5		71/4 () 40	167 " 12	lianta	a Cudas	2.	
0010111	MHMDEND (	10. W	IKSH, DI	100	DATEN	DA TO W	1		Charles A	-	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours after death Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burnal-transit permit. Then please remaye carban papers, Pages shauld be filed with the State Dept. of Health priar to burial, crematian, or remayal, and in any event, within 72 haurs aff VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE Baltimore MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)

Mount Wilson c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 15 2 mos 9 days Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET AODRESS S RESIDENC ON A FARM 1210 Smithson Mount Wilson State Hospital NO with.n 3 NAME OF 4 DATE remaye carban Year DECEASED UKNER CLAREN CO= 19 67. (Type or print) and in any event, DEATH 9 AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthday) Months Doys Hours Male Neone 1/1/1900 WIDOWED . DIVORCED gug 19o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Maryland 4.8.19. Candy maker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, not Known KATIE TURNER 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service 16 SOCIAL SECURITY NO. 17. INFORMANT 149-05-4132 Records at Mt. Wilson State Hospital cremation. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o) BRONCHO GENIC CARCINOMA Conditions, if ony, which gove rise to immediate cause (a). DUE TO stating the underlying couse last. WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 200. ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 1B) be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INHURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour 'a m. factory, street, office bldg., etc.). at work of work e deceased from 8/28/..., 1962, to 32/7/., 1967, that (1) (we) last 1962, and that death occurred at 6.05  $\beta$  M, from causes and an the date stated above 21. I certify that (1) (this haspital) attended the deceased from \$125) saw the deceased alive an 22 22b. DATE SIGNED 22o. SIGNATURE director, page 3 shauld be filed v M.D DIRECTOR PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) William Newcomer, M.D. Mount Wilson, Maryland 23d LOCATION (City or Town) BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) DURIA

2So REC'D BY REGISTRAR

25b REGISTRAR S SIGNATURE

AL VISCO AL STROUGH IN STROUGH IN

24 FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15129 15125 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Baltimore Maryland Baltimore MARYLAND C LENGTH OF STAY IN 16 c CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town Consul pers. Po English Consul e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 2815 Rose Ave. 2815 Rose Ave. 21227 YES NO F 3. NAME OF First Middle Lost 4. DATE Month Yea Day DECEASED 0F 11 21 1967 Η Conrad Unger buriol, cremation, or removal, and in ony event, (Type or print) DEATH IF JNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9 AGE (In years 6 COLOR OR RACE S SEX 7. MARRIED NEVER MARRIED lost birthday) Months Haues 2/7/86 Male White WIDOWED DIVORCED 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, as fareign country) during mast of working life, even if retired) COUNTRY? INDUSTRY USA Retired U.S. Gov. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Herman Unger Johanna -15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give war ar dates af service) 21227 16. SOCIAL SECURITY NO 17. INFORMANT Address Mrs. Catherine A. Unger, 2815 Rose Ave. 220-44-0807 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o ONSET AND DEATH O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that Poge 4 may be retained by the hospital or attending physicion. Conditions, if any, which gave nse to immediate cause (a), **DUE TO** tor use as the lift Health prior to b stating the underlying cause 19 WAS AUTOPSY PERFORMED? PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO certificate 20g ACCIDENT WAS JNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 1 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fawn) (County) (State) 20c TIME OF INJURY Month, Day, Year factory, street, affice bldg , etc.) Not While FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased from Mar. 21, 1967, to Lev. 21. 196 2 that (1) (we) lost sow the deceosed olive on\_ nov 21 \_\_\_19.<u>6.2</u>, and that death occurred at M, from couses and on the date stated above 22a SICHATURE 22b DAJES GNED STAFF D RECTOR PHYS 22c PHYSICIAN'S 22d ADDRESS 3913 Hollins Ferry Rd. Lansdowne NAME (Type) Dr. Morris W. Steinberg 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) (State) 23a BURIAL, CREMATION, REMOVAL (Specify)
Burial Md. Baltimore 11/24/67 Loudon Park Cemetery 9 25a REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE Howard H. Hubbard, 4107 Wilkens Ave. 21229 VR A15 (4) 25M 1/67



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician.

25M 1/6

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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## CERTIFICATE OF DEATH

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1 2 2 2		ACE OF DEATH					2. USUAL RESIDENCE (W	here deceose			before odmis	sian)	
tuneral ry 1-and 2 fter death.	Q.	COUNTY	BALTIMORE		MARYLA	IND	o STATE MARY	CLAND	b. cou	JNTY .		V	
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by the f Pages ours after	write RURAL and give nearest town)  FORT HOWARD  d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)						BALTIMORE						
	d.	NAME OF HOSPIT	AL OR INSTITUTION (If no	t in haspital, g	ive street address)	d STREET ADDRESS				e IS RES	FARM?		
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her her	FF	REDERICK	B. VERNON				ANNIE SMIT	TH					
Te Legis	IS. Y	WAS DECEASED EVE	R IN J S ARMED FORCES? ((If yes give war ar dates a	francisa) 16 S	SOCIAL SECURITY NO.	17 11	NFORMANT		Addı	7855			
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AL DIRECTOR: After this certificate has page 3 should be detached far use as efiled with the State Dept. of Health pri	0 1		MEDICAL EXAMINER)										
is a	<u>\$</u>	20c TIME OF INJ	URY Month, Day, Year	20d PA			E OF INJURY (Home, form,	20f	(City or town)	(Caunt	γ)	(State)	
del del	WED	Haur o i	10	White of work	Not While	tacto	ory, street, office bldg , etc )						
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the the		saw the d	eceased alive an	Nov. 2	<b>6</b> , 19 <b>67</b> , an	d that	death accurred at	JU a.M.	, from causes	and an the	date state	ed abave.	
<b>9</b> % <b>1</b>		220. SIGNATURE	01	1	$\sim$ 0		ATTENDING	MED ,	STAFF	22b DATE	SIGNED		
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o FUNERAL DIRECTOR: After director, page 3 should be a should be filed with the State		Menter (1 Abe		DAS, M				IAL FU	RT HOWAL	ru, Mar	LLAIVU		
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SM 1/67' \\/		Tickne	c & Sons Fu	neral h	iome, North	& F	a St DAUV	40 li	001	CAN.	1 1	_	



## Pages Land 2 runy offerdeoth. TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death.

opers. Pag In 72 hours

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled arrange director, page 3 should be detached far use as the bural-transit permit. Then please remaye carbon papers. Poshauld be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 12 haur

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

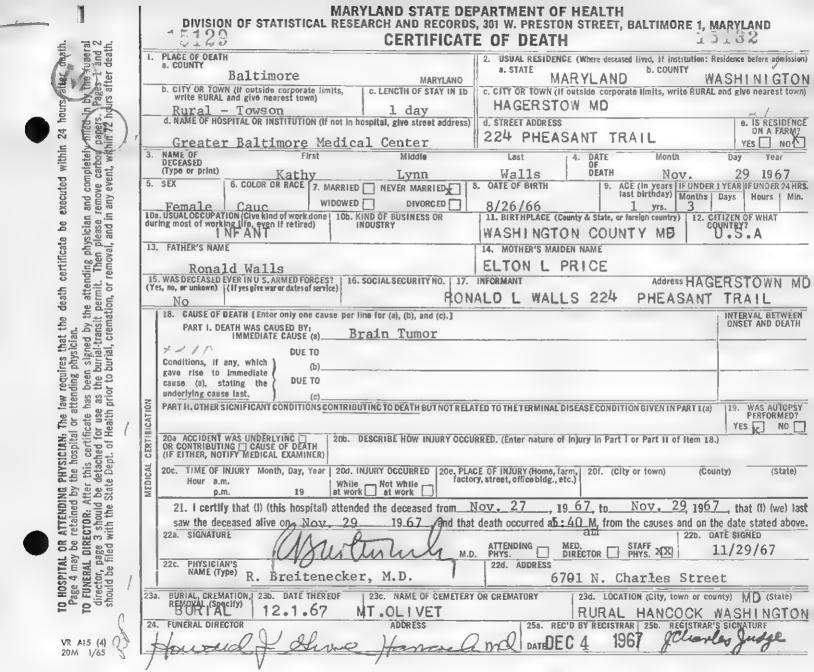
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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T	PLACE OF DEATH • COUNTY				<u> </u>	o STATE	DENCE (Where de	coosed lived, if instill	tution Resider	nce before odmissi	ion)
	saltimo	re			RYLAND	rld.					
	b. CITY OR TOWN (If	outside corporate limit	S,	c. LENGTH OF STAY	IN IP	c. CITY OR TOW	/N (If outside car	parate limits, write f	RURAL and giv	e nearest town)	
	Catonsvi	give neorest tawn) .Ll.e				Balt	limore			30	-4
Г	d NAME OF HOSPITA	OR INSTITUTION (If n	at in hospital,	give street address)		d. STREET ADDI				e IS RES	
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3.	NAME OF DECEASED	F	rst	Middle		Lost	4 DA	re Mo	onth	Doy Ye	eor
	(Type or print)	Fra	nces A.	Volkman			DEA	VOM HT	7. 29	19	67
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	T <sub>4</sub>	Caud.	WIDOWED	DIVORCE	ED 🗍	July 2	28 1904	ost birthdoy)	Months	Doys Hours	Min
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	PART 1. DEATH	ATH (Enter only one coll WAS CAUSED BY:	use per line to	(a), (b), and (c).)	510	enoti	1 11	1Rd 10		INTERVAL BE ONSET AND	
		IMMEDIATE CAUSE		- Table				[/,4/0		-	
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	nse to immediate	couse (a)	(D)			0 1 -				) (1)	
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2	PART II OTHER SIG	NIFICANT CONDITIONS	ONTRIBUTING	TO DEATH BUT NOT R	ELATED TO T	HE TERMINAL DISI	EASE CONDITION O	G:VEN IN PART 1(a)		19 WAS ALT PERFORA	OPSY AFD?
ATIC										YES 🔲	NO D
CERTIFICATION	200 ACC DENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	CAUSE OF DEATH	20b. Di	SCRIBE HOW INJURY	OCCURRED	Enter nature of i	njury in Port I or	Port II of item 18)			
MEDICAL	20¢ TIME OF INJUI	Y Month, Day, Year	20d l	NURY OCCURRED		E OF INJRY (Ho		f (City or town)	((0	unty)	(Stote)
MED	Hour a.m.	. 19	While of wor		focti	ary, street, office b	ldg., etc.)				
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	220 SIGNATURE	20	P	4			MED.			ATE SIGNED	
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_	Treating (1 Abro)	Thomas						imore Nat		Pike	
23	o. BURIAL, CREMATION	, 23b. DATE TH		23c NAME OF CE	METERY OR	REMATORY	23d	LOCATION (City or	Town)	(County) (	Stote)
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2	FUNERAL DIRECTOR	2 D /2	01 5.4	ADDRESS		25	O REC'D BY REG	ISTRAR 2Sb	REGISTRAR'S	GNATURE	
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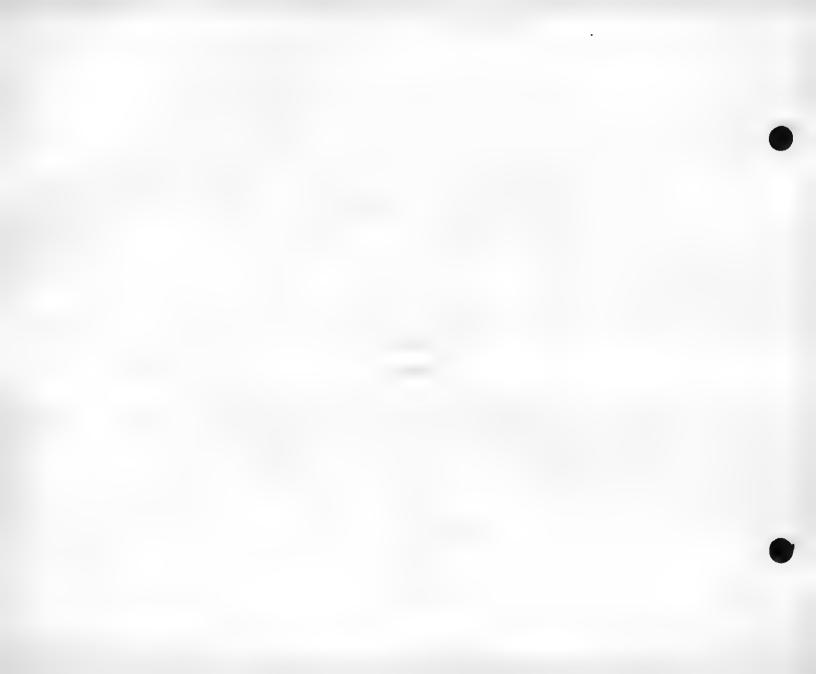


	MARYLAND STATE DE	PARTMENT OF HEALT	1
DIVISION OF STATE	STICAL RESEARCH AND RECORDS,		BALTIMORE 1, MARYLAND
11-01-0	CERTIFICATE	OF DEATH	79199
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where de	ceesed lived, If Institution: Residence before edmission
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b. CITY OR TOWN (if outside of write RURAL and give near	orporate limits, c LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside corp	orate limits, write RURAL and give necrest town)
CATONSVIL	LE, MD. LHONTHO.	SYKESYILL	F MD
NAME OF HOSPITAL OR INS	STITUTION (if not in haspital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENC ON A FARM
OF THE PI	First Middle	test 4. DATE	Month Dey Yeer
NAME OF DECEASED Type or print)	TRUDE DELLE	LAITT OF DEATH	1/1/1/1/1/1/1/
0 41	PR OR RACE 7, MARRIED   NEVER MARRIED	B. DATE OF BIRTH 9	AGE (In years IF UNDER 1 YEAR   IF UNDER 24 HRS.
F	WIDOWED DIVORCED	DEC 6 1886	lest birthdey) Months Deys Hours Min.
00 USUAL OCCUPATION (GIVE	kind of work 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (County & State, or	foreign country) 12. CITIZEN OF WHAT COUNTR
done during most of working life,	Wen is reflired)	MESTHINSTER	CARROLL U.S.A.
3. FATHER'S NAME	11004	14. MOTHER'S MAIDEN NAME	
MILLIAM	MOOK	MARY S. R	EESE
WAS DECEASED EVER IN U.S fes, po, or unkown) (Ifyesgivawa	ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address TY SYKESVILLE
100 -	741	GHTER-MISS L	EONA WALTZ
PART I, DEATH WAS CA	iter only one cause per line for (e), (b), end (c) ]	<u> </u>	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATI	E CAUSE (6) //agecordial A	Decompensalion	2 275
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	(<) ANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
PART II. OTHER SIGNIFICA  PART II. OTHER SIGNIFICA  OF CONTRIBUTING I CAUSE  II F EITHER, NOTIFY MEDICAL			PERFORMED?
200 ACCIDENT WAS UNDER	LYING [] 206. DESCRIBE HOW INJURY OCCURR	ED {Enter nature of injury In Pert I or Part	If of item 18.)
	EXAMINER)		
20c. TIME OF INJURY Mor		ACE OF INJURY (Home, farm, 20f. (City	r or town) (County) (Stete)
P.m.	19 et work et work	1	
21. I certify that (I) (1	this hospital) attended the deceased from	9-1- 1967, 10	
saw the deceased alive	on 11-13 . 19£7., and that	death occurred and M, from	the causes and on the date stated above
22e SIGNATURE	1/ 5	ATTENDING MED.	STAFF SIGNI
22c. PHYSICIAN'S	allager Wr.	A.D PHYS. DIRECTOR	PHYS. 11-14-67
NAME TO WILL	MER'K. GALLAGER	SR 6209 FREDE	KICKAVE, BALTO, MU
23e. BURIAL, CREMATION, 23b.	DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d, LOC	ATION (City, town or county) (State)
BURIAL NO	V. 17,1967 DEER PARK	CEMI SMA	44,000 MD.
24 FUNERAL DIRECTOR'S SIGNAT	ADDRESS ADDRESS	250. REC'D BY REGIST	RAR 256. REGISTRAR'S SIGNATURE
James G. S	MESIMINSI	E15MPPDATE NOV 16	1967 Otherway Judge
	/ / V	*	* **



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15134 15131 CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) g. STATE b. COUNTY a. COUNTY Baltimone within 72 haurs after MARYLAND b CITY OR TOWN (If autside carparate limits, write-RURAL and give negrest town) c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) r LENGTH OF STAY IN 16 Reisterstown d STREET ADDRESS e IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM Woodley Ave. attending physician and campletely filled sermit. Then please remove carbon pap NO The law requires that the death certificate be executed within 4 DATE Middle NAME OF First Lest Day Year DECEASED (Type or pant) November Wannen Jarcie DEATH 9. AGE (In years IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED clost birthday) Davs Haurs White temale June 12, WIDOWED X 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 1Da USUAL OCCUPATION (Give kind of work done COUNTRY-? during most of working life, even if retired) INDUSTRY Reisterstown, Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remova Ida Gore John Benson 16. SOCIAL SECURITY NO 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng, ar unknown) (If yes give war or dates of service) Miss. Helen G. Varner Reisterstown, Md. No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) burial-transit PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause this certificate has been He. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO far 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of item 18) 2Do ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20d INJURY DECURRED 20e PLACE OF INJURY Wome form TIME OF INJURY Manth, Day, factory, street, effice bidg , etc.) Nat While TO FUNERAL DIRECTOR: After 2) I certify that (1) (this hospital) attended the deceased from \_\_\_\_\_ saw the deceased alive on and that death occurred at from causes and an the date stated obove 22h DATE SIGNED 22g. SIGNATUR **ATTENDING** DIRECTOR M.D. director, page should be filed 22d ADDRESS 23a BURIA. CREMATION BREMOVAL (Specify) 23d LOCATION (City or Town) 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY Nov. 14.67 Reisterstown Nethodist Reinterstown, d. VR A15 (4) 25M 1/67 Sons reisterstown, Md.

DATE

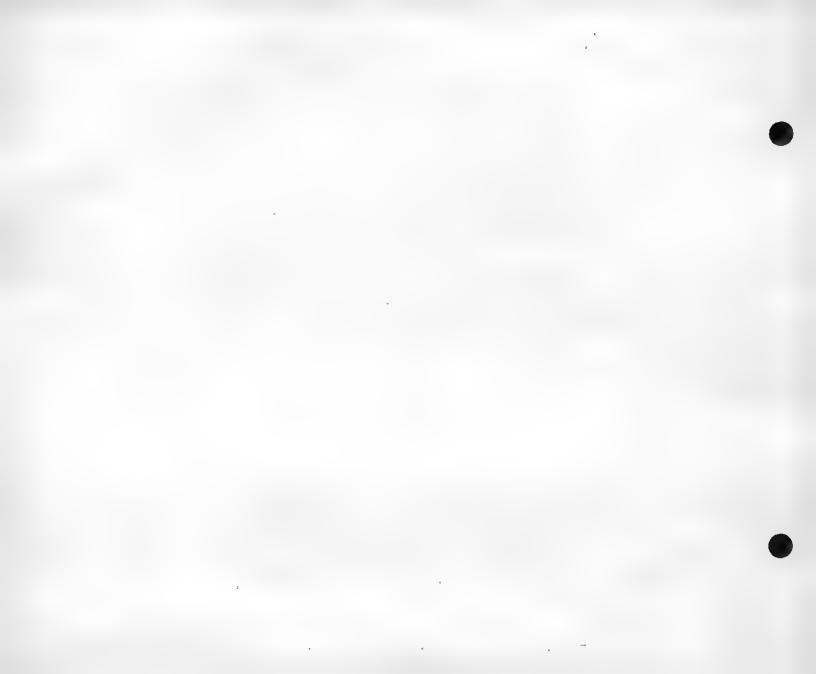


1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, SUT W. PRESTON STREET, BALTIMORE, MARTEAND 21201
FOR STATE	15132 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPI	1 PLACE OF DEATH O. COUNTY O. COUNTY O. STATE MARY AND O. STATE M. D. COUNTY O. COUNTY CO
del and M3 tme	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  BATTURE RE
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  12 YORK D  d. STREET ADDRESS  10 26 J. STRICKER ST. VES DENCE ON A FARM? YES NO
dea re Po re Po re Mite §	3. NAME OF DECEASED (Type or print) ALICE First STEWAR, WASHINGTON OF DEATH NO. 27 1967
urs after d 1 18. Give ce alang w 12 with the nt within	S SEX 6 COLOR OR RACE 7 MARR ED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (in years lost birthday) 5 6 yrs. FUNDER 24 HRS Min.
24 in l	100 SUAL OCCUPATION (Give kind of work done dump most of working life, even first red) or KIND OF BUSINESS OR INDUSTRY  Davis burg, Md.  12 CITIZEN OF WHAT COUNTRY?  A
d within 24 in penc, I in Examiner's File pages and in any	Morton Stewart Ellen Stewart
	15 WAS DECEASED EVER N. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (If yes give wor or dotes of service) 215-32-0296 Mrs. Susje V. Stewart 1026 Stricker
the shauld be the ward "pe d to the Chief a burial-transit remation, or r	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS (AUSED BY IMMEDIATE CAUSE (a)  Town  Conditions if any, which gave rise to immediate cause (a), stoting the underlying cause (b)  Stoting the underlying cause (c)  (c)  INTERVAL BETWEEN ONSET AND DEATH  INTERVAL BETWEEN ONSET AND DEATH
This certificate cate, writing the be farwarded the be used as a lart to buria, creating, creati	PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND.T.ON GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? YES NO
(三)	PERFORMED? YES NO LET  2Do EXTERNAL (AUSE WAS PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.  2Do DESCRIBE HOW INJURY OCCURRED (Enter noture of Injury in Port I or Port I of Iem 18)
AM e the adurate age	20c T ME OF INJURY Month, Doy, Year Hour o.m., p.m. 19 2Dd INJURY OCCURRED Of work of work 19 of work 19 2Dd INJURY OCCURRED Of work 19 Octory, street, office bidg., etc.)
	21. I certify that I taok charge of the remains described above, held an Autapsy, Inspection, Inquiry and in my opinion death resulted fram: Natural causes, Accident, Suicide, Hamic.de, Undetermined manner
For a Section 19	ACTUAL SIGNATURE ALLEGACION ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY
O DEPUTY necessary, if the funeral s may be r O FUNERAL Health at it	NAME (Type) WI LIMM A. TILLS BURY Address (Street Lity Town, of County), M.C.
TO DI nece the 5 mc	BURIAN 12-2-67 H. H. Haburn (cm. BAH. Hd. Hd.
VR A15ME (3. )	MORTON & Dyett F. H 1961 LAURENS St. DATNOV 29 1967 256 REGISTRARS SIGNATURE



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

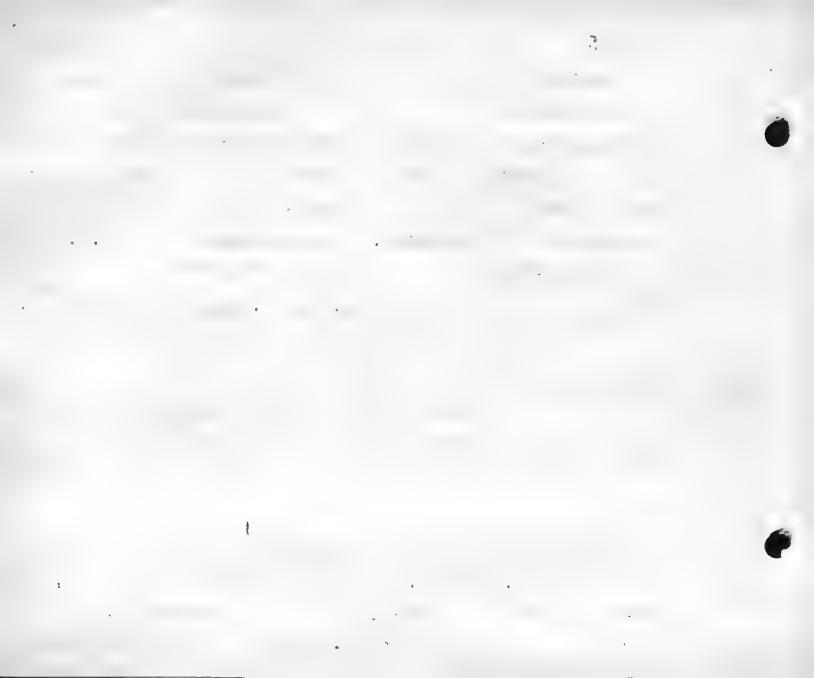
1 .	3.		DIVISION	OF VITAL RECORDS,		I STREET, BALTIN	IORE, MARYLAND 2120	1	
	1		15133	(	ERTIFICATE	OF DEATH		16713	
ई च है	3/		PLACE OF DEATH		1	2 USUAL RESIDENCE	(Where deceased lived, if instit	ution: Residence before admission)	=
24 hours ofter deothed in by the funeral pages. Pages Tand	eq fit.		. COUNTY Baltimore		MARYLAND	D STATE	land b (0		
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or the Pages			write RURAL and give nearest town) TOWSON	4	Wkd.		imore	30 ×	
hours in by irs. Po			NAME OF HOSPITAL OR INSTITUTION (If no			d. STREET ADDRESS	-1102 0	8 IS RESIDENCE	-
in 24 ho filled in I papers. hin 72 ho			Chesapeak	Manor		Broa	dview Apts.	ON A FARM?	1
vithin ity fill within			NAME OF FI		Middle	Lost	4 DATE Mc	onth Doy Year	=
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mplet we carl event.		S. :		And the second second second second		DATE OF BIRTH	9. AGE (In years	F UNDER 1 YEAR   IF UNDER 24 HRS	-
Xect Cor ToV		F	emale White	WIOOWED X	DIVORCEO 🔲 .	June 11.18	91 lost birthdoy)	Months Days Hours Min	
ate be exercion and co		100	USUAL OCCUPATION (Give kind of work done	106 KIND OF BUSIN			y & State, or foreign country)	12 CTIZEN OF WHAT	_
ficate be ysicion a pleose		duri	ng most of working life, even if retired)  Clerk	Fidelity	& Denosit	New Y	ork	COUNTRY? U.S.A.	
ertificate by physicion nen pleose		13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		_
eath certific anding phys nit. Then p			William King:	sland White		Franc	es Duchardt		
ne death cer ottending p permit. The			WAS DECEASED EVER IN & S. ARMEO FORCES? s, no, or unknown) (If yes give wor or dotes o	16. SOCIAL SECUR	RITY NO 17, IN	FORMANT	Add	dress	_
ottendii permit.		(10	No No	125-18-	4616 Mrs	s. Charles	Conlon Jr.	3742 Beech Ave.	
			1B. CAUSE OF DEATH (Enter only one cou PART I OEATH WAS CAUSED BY:	1.	(O)	1.0		INTERVAL BETWEEN ONSET AND DEATH	
that thous.  by the transit cremat		Н	17/X IMMEDIATE CAUSE	1 "	, ,	,	1 , ,	145	-
quires the physicion. signed by buriol-tros			Conditions, if ony, which gove )	(b)	reter	al of	brstructo	en INts	
Photos Signature			nse to immediate couse (a), DUE		/ _/			10 -1	7
ding ding seen the or to				(1) Metas	te TIZ	600	20-V11	x Month	nd.
he the postern has the ostern has the has the haring has the haring haring the haring th		X <sub>O</sub>	PART I, OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO TH	IE TERM NAL DISEASE CO	ONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?	_
or are	2	2		1				YES NO	]
PHYSICIAN: e hospitol a his certificat stached far Deat, of Hec		L CERTIFICAT	200 ACCIDENT WAS UNDERLY NG ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SOP DESCRIBE HOM	INJURY OCCURRED (E	nter noture of injury in	Port I or Port II of Item 18)		
PHY e ho his o		MEDICAL	20c. TIME OF INJURY Month, Gay, Year Hour o.m.	20d INLURY OCCUR While - Not W		OF INJURY (Home, for		(County) (State)	_
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ATTENDIN stained by CTOR: After should be ith the Sta			21 I <b>certify</b> that (1) this has saw the deceased alive an_	pital) attended the de	eceased from	death accurred a	19 ta	s and an the date stated abov	ist /e
OR ATTENI be retained DIRECTOR: A ge 3 should ed with the			220. SIGNATURE 17 /		7			22b. DATE SIGNED	
DIRECTOR			16	1 Funda	MD WD	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	12-1-67	
AL by body it D			22c PHYSICIAN'S NAME(Type) Dr. Richa	rd Gundry		22d. ADORESS	AUVAUVUV I	2 ₩. University	#
AHOSPITAL  Bage 4 may  ELINERAL  director, pog  should be file	-							Balto.mid. 21211	8
Sport Sport		230	BURIAL, CREMATION, 23b DATE THE REMOVAL (Specify)		E OF CEMETERY OR CE		23d LOCATION (City or	Town) (County) (Stote)	
\$7 5 5 ×					een Mount		Baltimore,	Md	
VA AS (4)		24	FUNERAL DIRECTOR Mitchell-Wiedefeld	Home. Inc. 6	SESS York	D4	D BY REGISTRAR 25b.	PEGSTRAR'S SIGNATURE	
23M 1/67			Baltimore Md. 212	12	700 4014	DATE D	- 10q/	MINES YMERE	

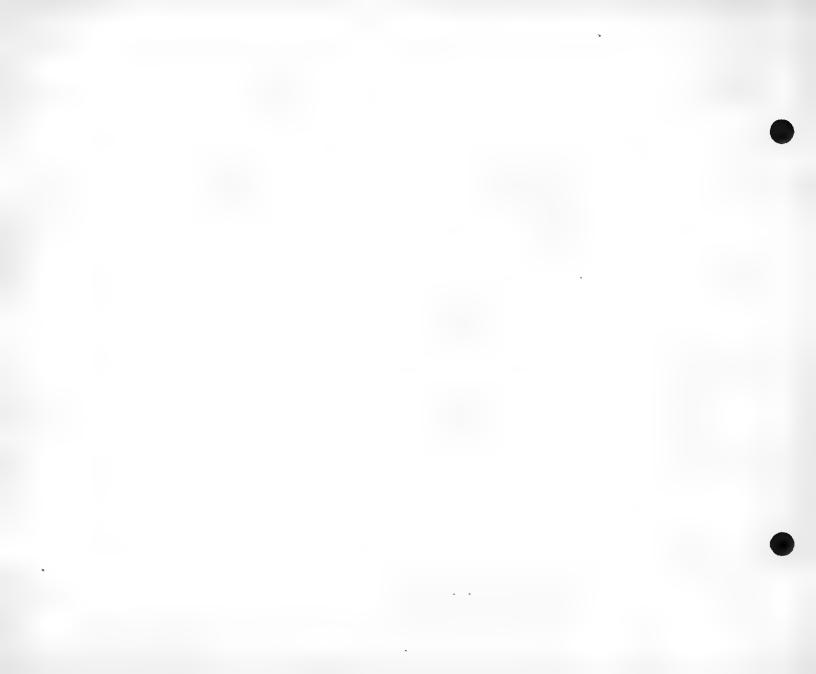


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15136 CERTIFICATE OF DEATH death. 24 hours after death and by the funeral . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND BALTIMORE atter MARYLAND b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
FORT HOWARD C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate timits write RURAL and give nearest town) 11 DAYS BALTIMORE d NAME OF HOSP TAL OR INSTITLT ON (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? filed VETERANS ADMINISTRATION HOSPITAL 1h AMITY STREET NO IX requires that the death certificate be executed within NAME OF Eirst Middle 4. DATE Losi Month Doy Year completely DECEASED WATERS 1967 **JOHN** NOVEMBER 21 (Type or pant) DEATH and in any event IF UNDER 1 YEAR S. SEX 6 COLOR OR RACE B DATE OF BRTH AGE ( n years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED 1 art hirthdoy) Months Days Hours NEGRO WIDOWED X DIVORCED 77VISVS puo 100 LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 ... RTHPLACE (County & State, or foreign country) 12 CT ZEN OF WHAT during most of working life, even if retired) CAMBRIDGE, MARYLAND LABORER 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayal, signed by the attending phy burial-transit permit. Then burial, crematian, ar remava JOHN WATERS CAROLINE COLMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 218 09 65 CLINICAL RECORDS, VAH. FT. HOWARD. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY. ONSET AND DEATH BRONCHOPNEUMONIA, BILATERAL IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. of Health priar to ATTENDING PHYSICIAN: The law lost. (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? CEREBRAL ARTERIOSCLEROSIS AND ARTERIOSCLEROTIC HEART DISEASE NO CERTIFICAT 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. foctory, street, office bldg , etc.) Not While ot work of work deceased from NOV 7 , 19 67, to NOV 21 , 19 67, that (PC(we) lost 19 67, and that death accurred of SOOPM, from causes and on the date stated above. 21. I certify that (this hospital) attended the deceased from NOV be retained sow the deceased alive on 22b. DATE SIGNED 11/22/67 220 SIGNATURE ATTENDING STAFF M.D. DIRECTOR , page be filed JOHN D. TALBERT, M. D. FORT HOWARD, MARYLAND NAME (Type) director, should t 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) BALTIMORE, MARYLAND BALTIMORE NATIONAL BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15 (4

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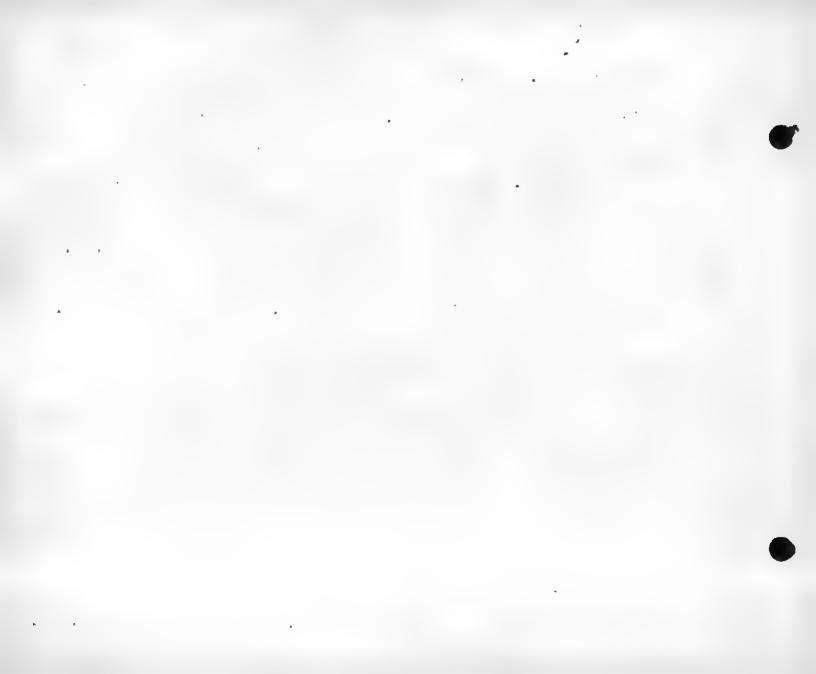
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death, funeral 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Maryland after Baltimore Baltimore MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Bowlevs Quarters Bowleys Quarters d. STREET ADDRESS a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) within 72 ON A FARM? 3710 Holly Grove Road 21,220 3710 Holly Grove Road 21 220 NO completely ve carbon p Month Day Year 3 NAME OF Middle Last DECEASED event. Weikle 1967 Benjamin Milton DEATH November (Type or print) executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED DATE OF BIRTH 5. SEX last birthday) | Months | Days Hours 61 any May 14, 1903 and Mala White WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician a E COUNTRY? INDUSTRY during most of working life, even if retired) and U. S. Fairview Kansas Chemical Co. Maintenance Man death certificate 14. MOTHER'S MAIDEN NAME removal. 13. FATHER'S NAME Sarah Susan Wickline Benjamin Morris Weikle 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no. or unkown) (If yes give war or dates of service) 17. INFORMANT Address 16. SOCIAL SECURITY NO. 21 220 been signed by the atten the burial-transit permit. It to burial, cremation, or 3710 Holly Grove Rd Mrs. Evelyn F. Weikle INTERVAL BETW 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEA PART 1. DEATH WAS CAUSED BY: hospital or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the as th certificate has the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM INAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? YES NO PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) o (State) MEDICAL 20f. (City or town) (County) 120e, PLACE OF INJURY (Home, farm. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc. be de State I Hour a.m. Not While While After TTENDING at work at work TO HOSPITAL OR ATTENDIN Page 4 may be retained 1 TO FUNERAL DIRECTOR: Af director, page 3 should k should be filed with the S be retained should 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 11 A.M. from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22 SIGNATURE ATTENDING PHYS. M.D. DIRECTOR PHYS **ADDRESS** 22d. PHYSICIAN'S 4700 Pennington Ave. Balto. Md. NAME (Type) Sidney Gehlert. M.D. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF BURIAL, CREMATION. Arundel Co. REMOVAL (Specify) 2 Cedar Hill REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25b. **ADDRESS** FUNERAL DIRECTOR unew Home 237 Patapaco Ave. 2122 VR A15 (4) 15M 4-64





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 10141 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) 1. PLACE OF DEATH a. STATE b. COUNTY a. COUNTY Baltimore Maryland MARYLAND requires that the death certificate be executed within 24 haurs after b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside carparate imits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b Baltimore, 21234 Towson e IS RESIDENCE ON A FARM? d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 3514 Hiss Ave. St. Joseph Hospital YES NO 3 NAME OF Middle 4. DATE Month Day Year First Last DECEASED 19 67 WESOLOWSKI November 10 LUCILLE DEATH (Type or print) en please remave car burial, cremation, ar remaval, and in any event, IF UNDER 24 HRS S SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACE NEVER MARRIED 7. MARRIED lost birthday) Months Days Hours September 9,1914 White Female WIDOWED DIVORCED 12 CITIZEN OF WHAT 10o. US\_AL OCCUPATION (G.ve kind of work done during most of working life, even if retired) 11 BIRTHPLACE (County & State or foreign country) 10b. KIND OF BUSINESS OR COUNTRY? INDUSTRY attending physician permit. Then please Maryland Wilmington De Housewife Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Josephine Rapert Charles Piotrowski IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown). If If yes give war or dates of service Mr Milton J. Wesolowski 3514 Hiss Avenue 202-30-2652 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause pec line far (a), (b), and (c))
PART I. DEATH WAS CAUSED BYburial-transit ONSET AND DEATH Intra-cerebral and Subarachmoid Hemorrhage IMMEDIATE CAUSE (o) signed by attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying cause as the priartal has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use ( Health p YES X NO Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH page 3 shald be detached be filed with the State Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, (County) (State) 20d INJURY OCCURRED (City or town) 20c TIME OF INJURY Month, Day, Year factory, street, affice blda, etc.) Haur a m at work 1967 . ta 21. I certify that (1) (this haspital) attended the deceased from\_ 1967 that (1) (we) last and that death accurred at 1.2:25M, from causes and an the date stated above. saw the deceased dive on. 22b. DATE SIGNED 220 SIGNATURE STAFF PHYS.  $\mathbf{x}$ 11/10/67 DIRECTOR M.D. ADDRESS 22c. PHYSICIAN S 7620 York Rd., Towson, Md. 21204 NAME (Type) Reynaldo Orjuela-Gomez, M.D. director, p 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) 23b. DATE THEREOF (County) (Stote) BURIAL CREMATION REMOVAL (Specify) Holy Rosary Cemetery Bal timore durial 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (A) DATE







MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15143 15140 CERTIFICATE OF DEATH death puo PLACE OF DEATH he funeral 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) o. COUNTY b. COLINTY Baltimore Maryland MARYLAND b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate mits, write RURAL and give nearest town) write RURAL and give nearest town 24 hours 26 days hoù Fort Howard Baltimore filled in d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Veterans Administration Hospital 605 Pontiac Avenue YES NO X requires that the death certificate be executed within With NAME OF completely to pou Middle First Lost DATE Year DECEASED (Type or print) 6 19 67 event. THOMAS WIEST DEATH November S. SEX 9. AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 8. DATE OF BIRTH IF JINDER 24 HRS 7 MARRIED **NEVER MARRIED** ost buthday) Months Doys Hours and in any WIDOWFD DIVORCED December 15. 1910 Male White puo 100 JSUAL OCCUPAT ON (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY ottending physician permit. Then please COUNTRY? Baltimore. Md. U.S.A. Guard Security. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremotion, or removol, Milton Wiest Elsie Keeney IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 226 03 93 53 Clinical Reds, VA Hospitak, Fort Howard WW-11 Yes 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the buriol-tronsit puriol, cremotive PART I DEATH WAS CAUSED BY: Unk . CARCINOMA OF KIDNEY WITH METASTASES IMMEDIATE CAUSE (a) þ the hospital or ottending physicion, 180 X DUE TO Conditions, if ony, which gove rise to immediate cause (o). DUF TO stoting the underlying couse etoched for use as the Dept. of Health prior to hos been lost. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? NO X certificote ATTENDING PHYSICIAN: 20o. ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 1 of tem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! MEDICAL 20d INJURY OCCURRED 20c T ME OF INJURY Month, Dov. Year 2De PLACE OF INJURY (Hame, form, (City or town) (County) (State) Hour om factory, street, office bldg etc.) While Not While ot work ot work 2). I certify that (Ix (this hospital) attended the deceased from Jock. 19 67 to Nov. 6 19 67 that (IX(we) lost be retoined 19 67, and that death accurred at 5: 50M, fram causes and an the date stated above. saw the deceased alive on Nov. 6 DIRECTOR: 220 SIGNATURE 22b. DATE SIGNED ATTENDING STAFF 11/6/67 M.D DIRECTOR , page be filed 22d. ADDRESS Page I may b 225 BHYSICIAN S O FUNERAL NAME (Type) director, JOHN D. TALBERT. M.D. VA Hospital. Fort Howard. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) BURIAL CREMATION (County) (Stofe) 11-9-1967 Loudon National Cem. Baltimore. re Maryland 25b REGISTRAR'S SIGNATURE ADDRESS 2So REC'D BY REG STRAR 24 FUNERAL DIRECTOR George J. Gonce Ritchie Hwy Melantan 25M 1/67 GEORGE CONCE FUNERAL HOME

Baltimore, Mi.



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AND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM?

YES NO

19

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO I

I that (I) (we) last

(Stete

10 day

12. CITIZEN OF WHAT COUNTRY?

USA

(County)

IF UNDER 24 HRS.

VR A15 (41)

Eugenia

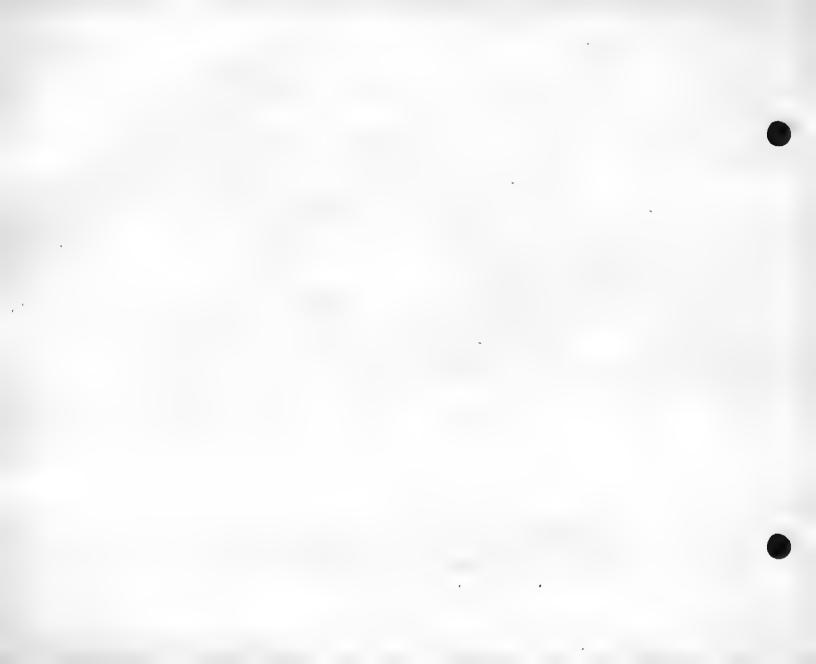
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5209 York Rd.

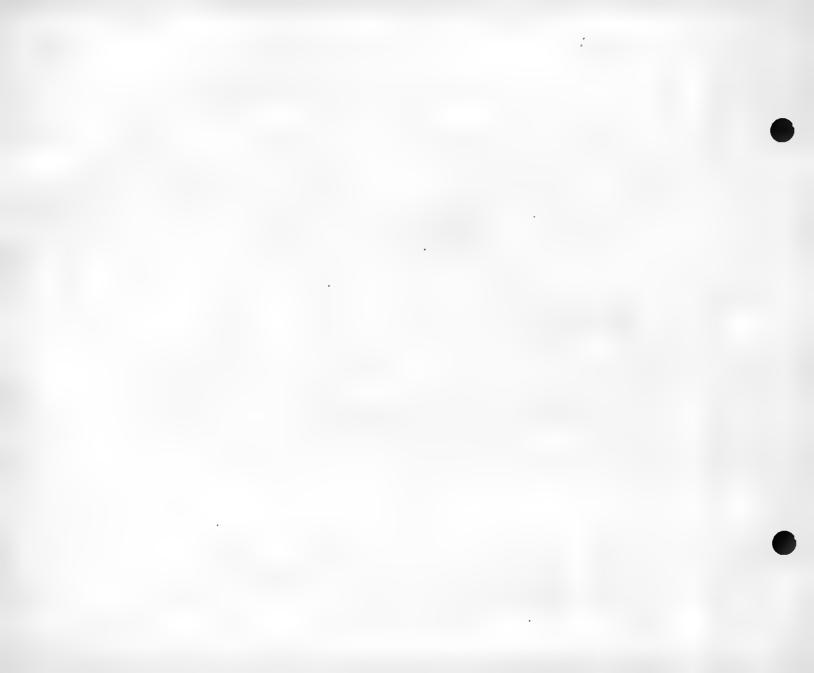
Funeral Home Balto, Md. 21212



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20155 PHYSICIAN: The raw requires that the death certificate be executed within 24 haves, after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) and PLACE OF DEATH o. STATE **b** COUNTY p COUNTY Baltimore Maryland MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) b. CITY OR TOWN (If outside corporate imits, E LENGTH OF STAY IN 16 Catonsville Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE papers event, within 72 ON A FARM? filled House of the Pines Nursing Home 492 Brunswick Street NÔ 3 NAME OF Middle 4 DATE Manth remove carban First Last Day Year DECEASED 0F November 30. 19 67 MARY WILLHAUCK M. (Type or print) F UNDER 1 YEAR IF UNDER 24 HRS. AGE ( n years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Hours 11-6-1873 and in any ĮΧ DIVORCED White WIDOWED Fema le 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) physician ( en please U.S.A. during most of working life, even if retired) **INDUSTRY** Baltimore, Maryland Retired 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remayal, Henry Funkmann Verna 17 INFORMANT Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, na, or unknown) (If yes give war ar dates of service Mrs. Sophia D. McCammon, 492 Brunswick St. cremation. 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the o CHSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO burial, Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse as been as the priar ta 19 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) has CERTIFICATION Health NO certificate ď 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18.) 20a ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) foctory, street, affice bldg, etc.) 21. I certify that (1) (this hospital) attended the deceased fram 7-5-1958, to 11-30, 1967, that (1) (Ne) last Page 4 may be retained 1967, and that death accurred at 21301. M, from causes and an the date stated above FUNERAL DIRECTOR: saw the deceased give an 11-22a. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS. directar, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL Dr. Wilmer K. Gallager NAME (Type) 6209 Frederick Ave., Catonsville, Md 23d 10(AT ON (City or Town) (County Baltimore, Maryland 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION (County) (State) REMOVAL (Specify)
Burial Loudon Park Cemetery 12-4-1967 2 2SO REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 21229 DEC 6 VR A15 (4) Howard H. Hubbard, 4107 Wilkens Ave. 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH the law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF DEATH a. COUNTY o STATE **b** COUNTY MARYLAND C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside corporate I mits, write RURAL and give nearest tawn) d STREET ADDRESS a NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) attending physician and campletely tilled, permit. Then please remave carban pape YES NO NAME OF Middie 4 DATE Year Last Doy DECEASED OF 196 DEATH (Type or pont) IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years 7. MARRIED **NEVER MARRIED** igst\_birthday) Months Days Hours 6-10 , and in any WIDOWED DIVORCED 12 CIT ZEN OF WHAT 10b KIND OF BUSINESS OR 1), BIRTHPLACE (County & State/or foreign country) 10o USUA, OCCUPATION (Give kind of work done COUNTRY 2 during most of werkyrid fe, even if retired) 13. FATHER S NAME MOTHER'S MAIDEN NAME or removal WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANI burial-transit permit. (Yes, na, prunknown) (If yes give war or dates of service) cremation, CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) INTERVAL BETWEE ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed by 1 IMMEDIATE CAUSE (a) be retained by the hospital or attending physician. DUE TO burial, Conditions, if only, which gave rise to immediate cause (a), DUE TO stoting the underlying couse as the O FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use YES [ NO. 20a ACCIDENT WAS UNDERLYING [ 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED foctory, street, affice blda., etc.) Hour a.m. Not While 19 at wark þe 19 / that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from // - // sow the deceased alive on # /-1967, and that death accurred at 2112 M, from causes and an the date stated above 22a-SIGNATURE 22b. DATE SIGNED CA-CATTENDING MED. DIRECTOR aredie M.D. PHYS 22d. ADDRESS 22c/PHYSICIAN S NAME (Type) directar, shauld be 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY COCATION (City or Town) (County) (State) BUR AL, CREMATION, PMOVAL (Specify), ,兒So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN	ND.
₹ #87£	CERTIFICATE OF DEATH	. **
death uneral and 2 death.	PLACE OF DEATH  a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence bef	ore admission)
7 7 7	Baltimore MARYLAND B. STATE MOSEY LONG C.T.	y
in by the property of the prop	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give n	eprest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS   e. IS	RESIDENCE
in 24 ho y filled if repapers		N A FARM?
E SE E	NAME OF First Middle 1set 14 DATE Month Day	No V
uted within completely we carbon event, witi	(Type of print) Dandra D. Williams DEATH NOW H	1962
executed within and completely remove carbonen any event, with	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 1 YEA	NDER 24 HRS.
exer rem n an	Negro WIDOWED DIVORCED JULIA	
be iciar ind i	uring most of working life, even if retired) INDUSTRY	)
cate phys n ple	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
ing Theo	James Williams	
ath certificate be executer attending physician and confirm. Then please remove in, or removal, and in any ew	JS. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT LESS	1 1
deat ne at perm ion,	res, no. of unknown) (If yes give war or dates of service) Na Vames Williams 603 Glenow Jen	PVE
uires that the death ce g physician. n signed by the attend burial-transit permit. burial, cremation, or re	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	L BETWEEN AND DEATH
that iciar ned l-tra l, cr	IMMEDIATE CAUSE (a) COLOGIAC EXEMPT SEVERE	
phys sign sign buria	conditions, if any, which ) Glowerulo nephritis (?)	
fing fing been the t	gave rise to immediate cause (a), stating the DUE TO	
law requi ttending has been as the l prior to	underlying cause last. ) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WA	C AUTODOV
ICIAN: The law requires that the death certificate ospital or attending physician. Certificate has been signed by the attending physical for use as the burial-transit permit. Then ple to of Health prior to burial, cremation, or removal, a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WA PER YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  (17. ETHER, NOTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIB	REORMED?
AN: Juital sital of He	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	1 110
HYSICIAN he hospit this certi tached f Dept. of		
the pet the Detail	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Lour a.m. While at work a	(State)
ATTENDING retained by CTOR: After Should be vith the Stat		
TENI taine 10 R: hours	21. I certify that to (this hospital) attended the deceased from 10/17, to 11/4, 1967, that saw the deceased alive on 11/4, and that death occurred at 242 PM, from the causes and on the date st	
R AT e rel REC'I	22a. SIGNATURE 22b. DATE SIGNET	
ay b ay b ay b ay b age filed	22c. PHYSICIAN'S M.D. ATTENDING MED. STAFF DIRECTOR PHYS. DIRECTOR PHYS. DIPLETOR DIRECTOR DI	7
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. To FinkERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-franshould be filed with the State Dept. of Health prior to burial, cree	22c. PHYSICIAN'S NAME (TYRE)  TO ICH QE TO BETOSTEIN  1620 MC ELDERRY STREET	
Page FUA Front Apul	DURIAL CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county)	(State)
2 2 3	REMOVAL (Specify) 1/8/1967 NTT AVBURN BALTUM)	
VR AIS (4)	12. FUNERAL DIRECTOR  1252. REGISTRAR 250. REGISTRAR 250. REGISTRAR'S SIGNATURE  1267 JUNE JUNE JUNE JUNE JUNE JUNE JUNE JUNE	RE L
20M T/65	DATE	-



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH the fundral papers. Pages Land in 72 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Baltimore Maryland Balto. MARY\_AND 24 hours, after, c. LENGTH OF STAY IN 16 b CITY OR TOWN (If autside carparate i mits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) 5 months Owines Mills Raltimore . = d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS B IS RESIDENCE and in any event, within 72 ON A FARM? NO 30 2408 Tampost Ian Rosewood State Hospital The law requires that the death certificate be executed within 3 NAME OF Middle Last 4 DATE Year remave carban Day campletely DECEASED 8 Lisa Marie WILLIAMSON 17 67 DEATH 19 (Type or pant) F UNDER 1 YEAR IF UNDER 24 HRS S SEX 8 DATE OF BIRTH AGE ( n years 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** last birthday) Manths Days 1-19-64 White Female WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Dependent INDUSTRY Baltimore City. Md. U.S.A. none 13 FATHER'S NAME 14 MOTHER S MAIDEN NAME ar remayal. Reese Franklin Williamson Loretta Irene Forrest 17 INFORMANT 15 WAS DECEASED EVER IN ILS ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war or dates of service Rosewood Records, Owings, Mills, Maryland no none crematian. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per une for (a) signed by the burial-transit p PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** burial, Canditions, if any, which gave rise to immediate cause (a) **DUE TO** stating the underlying cause as the Page 4 may be retained by the haspital ar attending this certificate has been WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use Health AFDICAL CERTIF CATION YES DC NO 20a, ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CTICAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) be detached State Dept. o 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or fown) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Not White factory, street, office bldg., etc.) at wark FUNERAL DIRECTOR: After 19\_67 that #1 (we) last Leeffify that (t) (this haspital) attended the deceased fram. 1967 ta 19.67, and that death accurred at M, fram causes and an the date stated above. saw the deceased glive an 22g SIGNATURE 22b. DATE SIGNED **ATTENDING** 11-9-67 DIRECTOR M.D. PHYS. director, page 3 eq 22d ADDRESS 22c PHYSICIAN S NAME (Type) Richard M.D. A. Jones. Rosewood St. Hosp., Owings Mills, Md 23d LOCAT ON (City or Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION (State) 25b REGISTRAR S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 75148 15149 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE USUAL RESIDENCE (Where deceased year function) Residence before admission PLACE OF DEATH o COUNTY o STATE b COUNTY Page and 3 ta MARYLAND b CITY OR TOWN (It outside corporate I mits, ¿ .ENGTH OF STAY N IB c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2, u. P.M3. r write RURAL and give nearest town) Towson e Dep d NAME OF HOSP TAL OR INSTITUTION (It not in hospital give street oddress) d. STREET ADDRESS the Chief Medical Examiner's Office along with farm in Item 18. Give Pages NO I NAME OF Lost OF DEATH DECEASED 19 (Type or print) 7 MARRIED NEVER MARRIED 9 AGE ( n years WIDOWED X DIVORCED in any event within 72 haurs after death 10b K ND OF BUSINESS OR B.RTHPLACE (Stote or fare an country) 12 CITIZEN DE WHAT **NDUSTRY** 13 SATHER S NAME MOTHER'S MAIDEN NAME IS WAS DECEASED EVER IN .. S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT permit. (Yes, no, or unknown) ( f yes give wor or dates of service) pending" 18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b) and (c) burial-transit PART I DEATH WAS CAUSED BY AND DEATH MMEDIATE CAUSE (o writing the ward DUE TO Conditions of ony, which gove farwarded ta rise to immediate couse (a). DUE TO stoting the underlying couse D. O.S PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) WAS AUTOPSY PERFORMED? removal NO CERTIFICATI 20a EXTERNAL (AUSE WAS 20b DESCRIBE HOW INTURY OCCURRED (Enter not be of injury in Port or Port 1 of item 18) 3 shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH MEDICAL 20c TIME OF INJURY Month Day, Year FUNERAL DIRECTOR: Page of work of work 21 I certify that I took charge of the remains described above, held an Autopsy Inspect on Inquiry and in my opinion deoth resulted from: Notural rouses Su cide [ Undetermined manner Accident Homicide funeral director may be retained TO FUNERAL DIRE CHIEE MEDICAL EXAMINER 22. DATE SIGNED ASS STANT MEDICAL EXAMINER TO DEPUTY DEPUTY MEDICAL EXAMINER Charles O'Donnell Address (Street city, town or country) NAME OF (EMPLERY OR CREMATOR) **EUNERAL DIRECTOR** 2Sq REC D BY REGISTRAR 25b REGISTRAR SIGNATUR VR A15ME (5) 6M 1/67

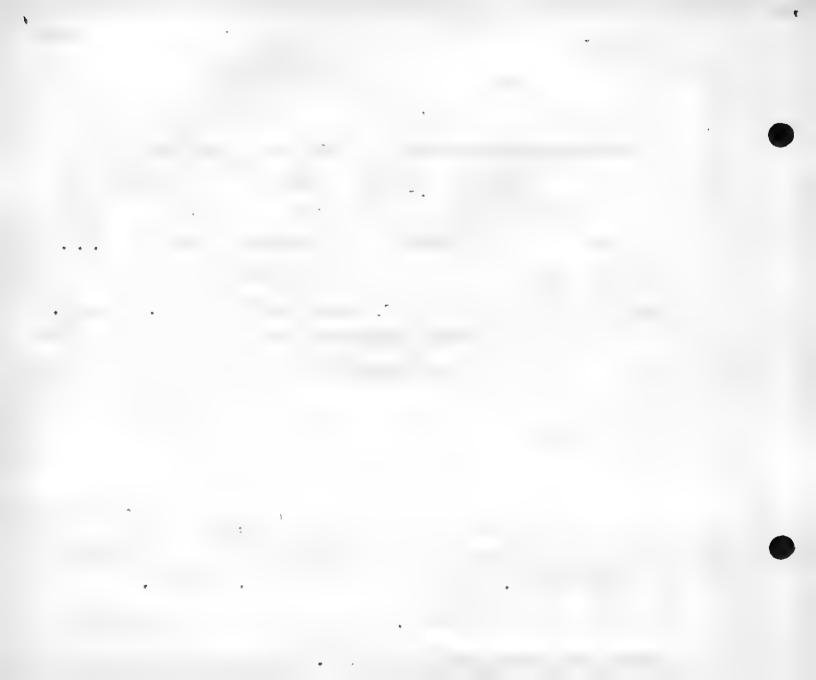


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15,50 147 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours ofter death. PLACE OF DEATH USUAL RESIDENCE (Where deceased fived, if institution: Residence before admission) Baltimore o. COUNTY o. STATE IN b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 15 c (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lindon d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) B IS RESIDENCE d STREET ADDRESS ON A FARM? Chatsworth Ave. Chatsworth Ave. YES 🗀 NO F NAME OF 4. DATE the ottending physician and completely fist permit. Then please remove corban Middle First Month Year. DECEASED OF Andrew Wilson November 10 Type or print DEATH S SEX 6. COLOR OR RACE 9. AGE ( n years IF UNDER IF UNDER 24 HRS DATE OF BIRTH 7 MARRIED **NEVER MARRIED** (dsy birthdoy) Months HOLTS white WIDOWED DIVORCED 1Do USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT COUNTRYSA during most of working tite, even if retired) INDUSTRY Balto. (o. Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Mary Allender James Wilson WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, ng, or unknown) [(If yes give war or dates of service) Mr. S. Yeatts Wilson Glyndon, Md. 213-36-8199 NTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) signed by the buriof-tronsit p CHISET AND DEATH PART I DEATH WAS CAUSED BY: Gangrene right foot & leg IMMEDIATE CAUSE (o) DUE TO buriol, Generalized Arteriosclerosis 10 yrs. Conditions, if any, which gove rise to immediate cause (a) DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been the Heoith prior to PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY CERTIFICATION PERFORMED? USE NO TH none far 20o. ACCIDENT WAS JWDERLYING [1] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of niury in Port I or Part II of term 1B.) OR CONTRIBUTING CAUSE OF DEATH detoched ( F EITHER, NOTIFY MED CALEXAMINER) 20c TIME OF thoURY Month, Day, Year 20d MUNRY OCCURRED 2De. PLACE OF INJURY (Home, form 2Df (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m Not While none at work to 11-19-67, 19\_\_\_, that (1) (%% last 19 and that death accurred at 4 saw the deceased alive an M. from causes and an the date stated above. 22o. SIGNATURE 22b DATE SIGNED 11-20-67 M D PHYS DIRECTOR 22c. PHYSICIAN'S Hanover Rd., Reisterstown, Md. 21136 NAME (Type) D. D. Caples. M. director, should b 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) 230 BURIAL, CREMATION (County) BREMOVAL (Specify) Nov. 22. Reisterstown Methodist Reisterstown. Md. 24. FUNERAL DIRECTOR Sons Reisterstown, Md. DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15151 CERTIFICATE OF DEATH 15142 24 hours after death PLACE OF DEATH funerol 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY b COUNTY o STATE BALTIMORE MARYTAND MARYLAND b (ITY OR TOWN (11 outside corporate limits, write RURAL and give nearest town)

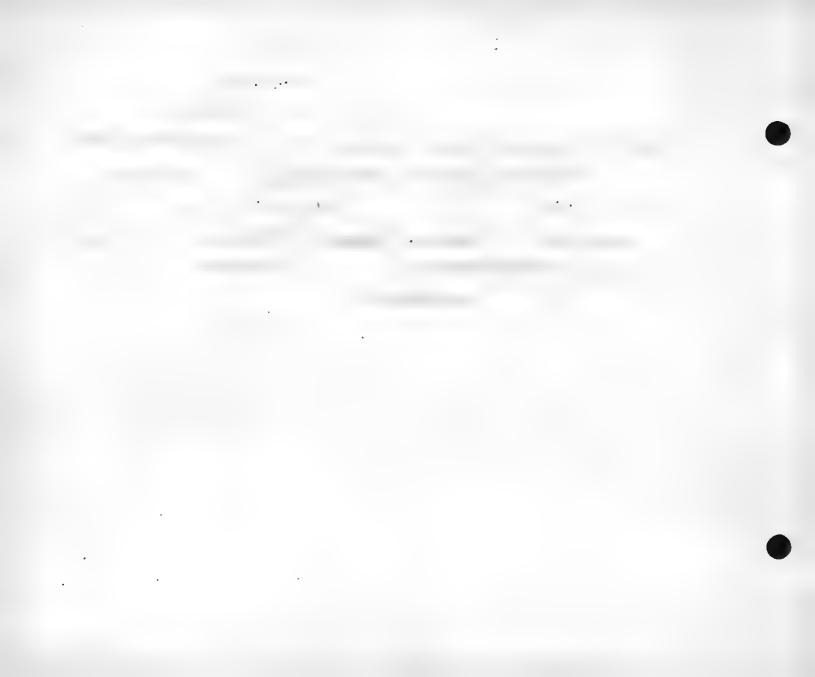
FORT HOWARD c LENGTH OF STAY IN 16 c. C.TY OR TOWN (If outside corporate limits, write RURA, and give negrest town, 107 DAYS BATTIMORE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM 1619 DRUID HILL AVENUE VETERANS ADMINISTRATION HOSPITAL NO D requires that the death certificate be executed within NAME OF First Middle Last 4 DATE Month Dov Year DECEASED
(Type or print) 19 67 MERRIMAN WITEON NOVEMBER 22 SOLOMON DEATH SEX 6. COLOR OR RACE 7. MARRIFO DATE OF BIRTH AGE (In years IF UNDER 1 YEAR of UNDER 24 HRS NEVER MARRIED гетоме birthdoy) Months Dovs Hours 3/9/90 and in ony NEGRO WIDOWED DIVORCED MALE 10a JSUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11 SIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) CENTERVILLE, MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ā or removal, signed by the attending phy burial-tronsit permit. Then DOLLIE ROZIER SOLOMON WILSON WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 219 01 91 15 CLINICAL RECORDS, VAH. FT. HOWARD, MD. YES INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY ONE TANDEDEATH CEREBRAL VASCULAR ACCIDENT IMMEDIATE CAUSE to DUE TO UNKNOWN CEREBRAL ARTERIOSCIEROSIS Conditions, if ony, which gove rise to immediate cause (a). DUE TO stoting the underlying couse of Health prior to (t) 00 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND.T.ON G.VEN IN PART I(o) 19 WAS AUTOPS" PERFORMED? ASHD AND ACVD NO certificote 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of anary in Port L or Port II of Item 18.1 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) ot work at work TO FUNERAL DIRECTOR: After 2). I certify that (this haspital) attended the deceased fram AUG 19 67 , to 22, 19.67, that XX (we) los be retained 19 67, and that death accurred at 7:15PM, from causes and on the date stated above saw the deceased ve on 220. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) RODOLFO G. MIRO VAH. FT. HOWARD, MD. director, should be 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION. (County) REMOVAL (Specify) Baltimore, Maryland Balto National Cemetery 24. FUNERAL DIRECTOR 250 RECD BY REGISTRAR 25b REGISTRAR'S S GNATURE VR A15 (4) 25M 1/67 Laurens St Morton & Dvett Funeral Home Baltimore, Md.

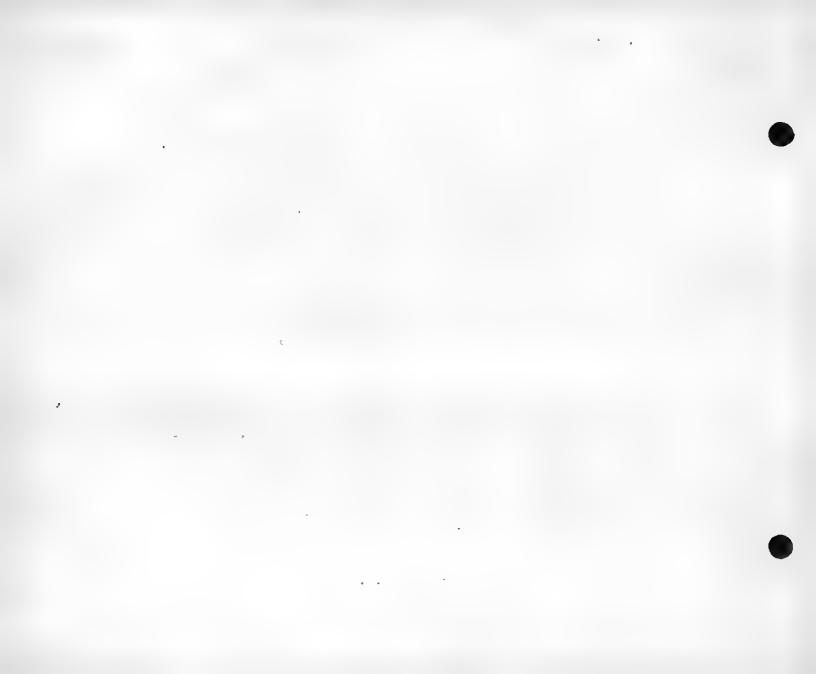


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15152 CERTIFICATE OF DEATH 15142 I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY a. COUNTY MARYLAND MARYLAND and in any event, with, n 72 hours after BALTIMORE CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 t CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) BALTIMORE 24 hour e IS RESIDENCE ON A FARM? .⊑ d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS please remave carban papers YES NO ST. JOSEPH HOSPITAI 307 TUNBRIDGE RD. 3. NAME OF Middle Last physician and completely en please remave carban DECEASED 19 67 STUART WINDSOR DEATH (Type or pont) requires that the death certificate be executed IF UNDER I YEAR IF LNDER 24 HRS AGE (In years S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 7. MARRIED **NEVER MARRIED** last birthdoy) Months Days Hours WIDOWED DIVORCED October 11,1900 WHITE 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY COUNTRY? BALTIMORE, MARYLAND U.S.A INSURANCE SETE EMPLOYED

13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edmund S. Windsor May Ward 16 SOCIAL SECURITY NO. 17 INFORMANT IS WAS DECEASED EVER IN L.S. ARMED FORCES? (Yes, no, at unknown) (If yes a ve war ar dates of service)
yes W.W.II USCG reserve 2 W. Melrose Ave. #21212 213-05-6851 Gordon A. Gaumitz INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one couse per fine for (a), (b), and (c)) ONSET AND DEATH burial-transit PART I DEATH WAS CAUSED BY IMMED: ATE CAUSE (a) ģ DUE TO signed Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse attending as the TO HOSPITAL OR ATTENDING PHYSICIAN: The faw re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ed far use of Health p NO X 200 ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (State) 20c TIME OF INJURY Month, Day, Year Hour o.m. factory, street, affice bldg, etc.) Not While at work 21. I certify that (I) (this haspital) attended the deceased from Nevember 2, 19 67, to Nevember 219 67, that (I) (we) last saw the deceased alive on November 2 1947, and that death occurred at 5.22 Mafram causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** M.D. DIRECTOR Nevember 2. 1965 PHYS be filed 22c. PHYSICIAN'S NAME (Type) Medical Arts Building Balte. Md. Geldberg director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF 23g BURIAL CREMATION. REMOVAL (Specify)
Burial Druid Ridge Balto. County. Md. 11/4/67 256 REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR **ADDRESS** 24. FUNERAL DIRECTOR DATENOV 3 196 Mitchell-Wiedefeld Home 6500 York Rd. 20 M 1/66 Balto., Md.







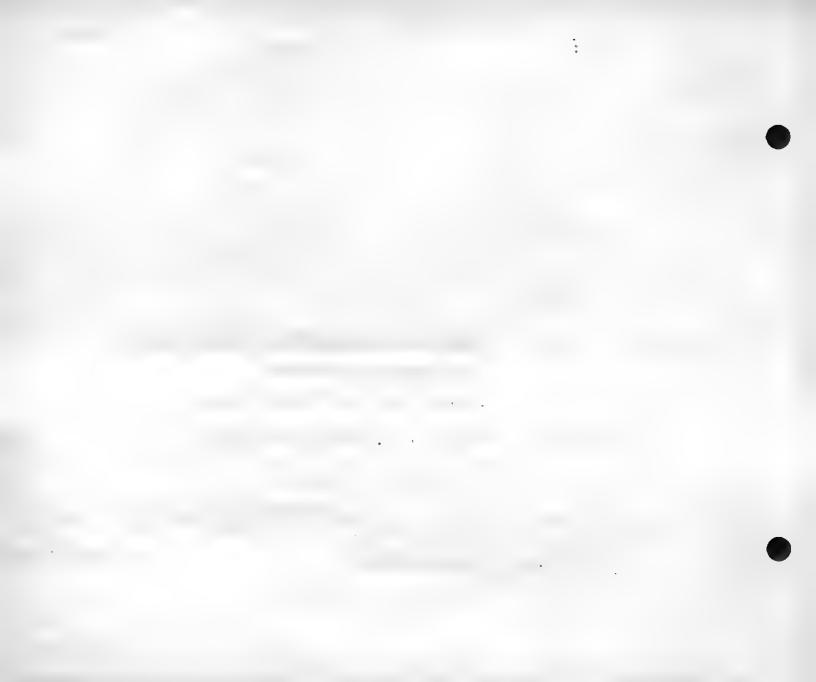


MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15153 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY PARY /ANDI MARYLAND b. CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM NO NAME OF Middle Yedr DECEASED OF DEATH (Type or pant) S SEX lost birthdoy) Hours WIDOWED DIVORCED IDa, USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) INDUSTRY ReTiRen 13 FATHER'S NAME 16 SOCIAL SECURITY NO 17. INFORMAN WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 6-01-18 CAUSE OF DEATH (Enter only one cause per ...ne for (a), (b), and (c) PART! DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Canditions, Fany, which gave nse ta immediate couse (a). DUE TO stating the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS AUTOPSY PERFORMED? NO 2Do ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of mury in Part 1 or Part II of Ifem 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home form, 20c TIME OF INJURY Month, Day, Year (City or town) (County) (State) Hour am. foctory, street, affice b dq , etc.) While Nat While 21. I certify that (this haspital) attended the deceased from COBERT, 1967, to NOVEM. 67, and that death accurred at 5:20AM, from causes and an the date stated above saw the deceased alive an 22b DATE SIGNED 220 SIGNATURE MID 22d ADDRESS 22c. PHYSICIAN NAME (Type) 23m BURIAL, CREMATION 23b DATE THEREOF NAME OF CEMETERY OR CREMAJORY 23d LOCATION (City or Town) (County) 250 REC'D BY REGISTRAR NOV 3 1967

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after wrthin 72 etelporfille čarbon remayal, Б transit burial this certificate has been Dept. af Health priar to 50 detached O FUNERAL DIRECTOR: director, page shauld be filed



MARYLAND STATE DEPARTMENT OF HEALTH

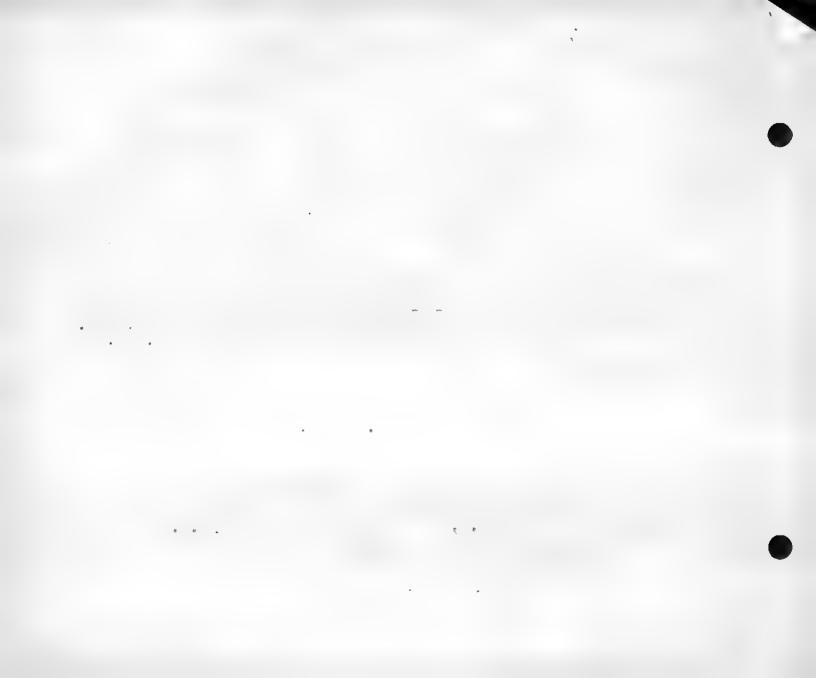
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

15157

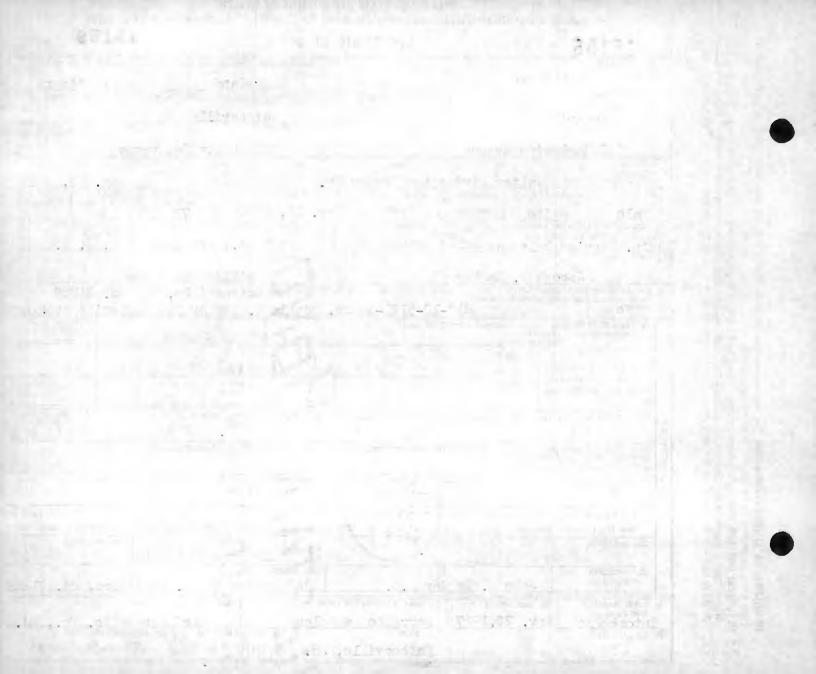
	201	リ党	CERTIFICATE OF DEATH							
)		Baltimore		MARY	LAND	2 WSUAL RESIDENCE o. STATE Mary	(Where deceosed Ly	ed, f institution b. COUNTY	Residence befo	re odmission)
	b CITY OR TOWN   write RURAL on	If autside corporate limit give nearest town)	5,	LENGTH OF STAY IN	l lb	c CITY OR TOWN (IF O		its, write RJRAL	ond give neore	sf town)
		AL OR INSTITUTION (If no	at in bassital auto	26 dys		Baltimore d street ADDRESS				e IS RESIDENCE
		GROVE STAT				1113 West	Mulberry	Street	t	ON A FARM? YES NO
3	NAME OF DECEASED (Type or pant)	Fii S	st amuel	Middle Cliftor	1	Wynn	4. DATE OF	Month	mber 2	_
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH	DEATH 9 AGE		F UNDER 1 YEAR	IF UNDER 24 HRS
	male	Negro	WIDOWED	DIVORCED		Nov. 6, 189		Burthdoy) A	Months Days	Hours Min
10e đui	JSUAL OCCUPATION pring most of working presse	l (Give kind of work done life, even if retired) E	105 KIND INDUS	OF BUSINESS OR ITRY		11 BIRTHPLACE (Count Mary Lan		ountry)	U. COUNTRY	F WHAT
13	FATHER'S NAME					14 MOTHER'S MAIDEN	NAME			
				?					1	?
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dates o	f service)	IAL SECURITY NO	1	NFORMANT		Address		
.,		EATH (Enter only one cou	1149-	05-6871		cords: PRI				
L CERTIFICATION	Conditions, if ony rise to immediat stating the underlast.	, which gove e couse (o), rlying couse	TO (b) TO (c)			c Cardiov				L mon.
	Cachex	GNIFICANT CONDITIONS C Grome sec 1.8 secon	ordary dary to	to Ia.	ab	secondar	y to ch	renic	Brain'	WAS AUTOPSY PERFORMED? /ES NO
		S UNDERLYING L. CAUSE OF DEATH MEDICAL EXAMINER)	20b DESCR	IBE HOW INJURY OC	CURRED (	Enter noture of injury in	Port Lor Port II of	item 18)		
MEDICAL	Hour or	n. 19	While of wark [	Not While at work	focto	E Of INJURY (Home, for pry, street, office bldg., etc	]	or town)	(County)	(Stote)
	21. I certify that Withis haspital attended the deceased fram Sept. 29, 19, 67, ta 1400, 2, 1967, that (1) (we last saw the deceased give an 1400, 2, 1967, and that death accurred at 11250, 120 causes and an the date stated above									
	22c, PHYSICIAN'S NAME (Type	Hilling	Jeffer S. Y.G.	ng. M.D	€O <sub>M.C</sub>	22d. ADDRESS ST	MED DIRECTOR D'RING GRO	E STAT	226 DATE SIGN 11/3/6 E HOSP and 212	7 10:0 ITAL <sub>A M</sub>
23	BURIAL CREMATIO	ON, 23b, DATE THE		23c NAME OF CEMET				N (City or Town)		
24	REMOVAL (Specify Burial		57	Mt Cal	vary	Cemetry 250 REC	A A	County 28b REGIS	Md TRAR S SIGNATU	RE
		ralateral 10	0/ 77 37			DATELLO		رمين الم		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15155 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY Balto. o. STATE **b.** COUNTY Md. Balto. 2, and 3 to PM3. Poge MARYLAND b CTY OR TOWN (If autside carparate I mits, C LENGTH OF STAY IN 16 c CITY OR TOWN (if auts de corparate limits, write RURAL and give nearest town) write RURAL and give pegrest town)
Owings Mills 46 yrs. Owings Mills d NAME OF HOSPITAL OR INSTITLT ON (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE Item 18. Give Pages 1, Office along with form ON A FARM? Park Heights Ave. Park Heights Ave. YES 🔣 NO be executed within 24 hours after death 3. NAME OF 4 DATE Last DECEASED Simeon THOMAS Yaruta Nov. 16 19 67 (Type or print) DEATH 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years 7 MARR FD NEVER MARRIED ast birthday) White July 17, 1888 Male W DOWED X DIVORCED | 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work dane during most of working life, even if ret red)
Gardener COUNTRY? Russia word pending" in pencl in the Chief Medical Examiner's 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME within 72 haurs 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 7 INFORMANT 16 SOCIAL SECURITY NO 215-30-2685 Simeon J. Yaruta, Pk. Hts. Ave., Owings Mills, Md 18 CAUSE OF DEATH (Enter only one couse per tine far (a), (b), and (c)) NTERVAL BETWEEN ONSET AND DEATH buriol-tronsit event PART I DEATH WAS CAUSED BY Arteriosclerotic C-V Disease IMMED ATE CAUSE (a) This certificate should Canditians, if any, which gave nse ta immediate couse (a), DUE TO stating the underlying cause puo 19 WAS A LITOPSY PERFORMED? PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) none NO X 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of myury in Port I at Part II of term 18) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20c T ME OF NJLRY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame farm, (City or town) (County) (State) factory, street, office bldg, etc.) none at work 21. I certify that I took charge of the remains described above, held an Autapsy [], Inspection [\*\*], Inquiry [\*\*], and in my opinion Natural causes X Accident death resulted fram Suic de Hamicide | Indetermined manner the funerol director CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAM NER 11-17-67 DEPUTY MEDICAL EXAMINER 6 Hanover Rd. AddRetsterstown ant Md. D. D. Caples, M. D. LOCATION (City/br Town) 25b REGISTRARS S GNATUL 24 FUNERAL DIRECTO VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15159 CERTIFICATE OF DEATH 15155 requires that the deoth certificate be executed within 24 hours after deoth 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Baltimore Baltimore MARYLAND Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) Catonsville Catonsville e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS E S ON A FARM? physician and completely filled YES NO X 522 Ingleside Avenue Ingleside Avenue corbon NAME OF 4. DATE Year DECEASED Walter Livingston Zenker Sr (Type or print) DEATH 9. AGE (In years IF UNDER 24 HRS 8. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Nov. 11, 1889 White WIDOWED DIVORCED Male 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)
Auto. Service Salesman Sales Agency COUNTRY? Kent Co., Maryland S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending phy buriol-transit permit. Then Willie Mae Payne Joseph F. Zenker Address Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Catonsville. 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service 212-12-5121-A Mrs. Sophia Zenker 522 Ingleside Avenue INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), **DUE TO** for use as the t Health prior to b stoting the underlying couse has been last. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate by the hospitol or 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office bldg., etc.) Not While of work ot work 21. I certify that (1) (this haspital) attended the deceased fram June 22, 19 67 that (1) (we) last saw the deceased alive on Nov 2 1967, and that death accurred at 8:05 PM, fram causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. director, page 3 should be filed v M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) John N. Snyder M.D. 6348 Frederick Rd. Baltimore 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 230. BURIAL CREMATION. REMOVAL (Specify) Nov. 20.1967 Lorraine Mausoleum Woodlawn Balto Entombment 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) ocharles unetal Home Catonsville, Md. DATE NOV



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15157 15160 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT-PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) b. COUNTY Baltimore o. STATE Maryland o. COUNTY delay is and 3 ta Poge Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 2, u. P.M3. P write RURAL and give nearest town) 10 Years Dundalk d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENC form-24 haurs after death. If a in Item 18, Give Pages 1, ON A FARM? 7907 Diehlwood Road 7907 Diehlwood Road NO A Office along with NAME OF Middle Lost 4 DATE Month First Dov Year DECEASED pages Land 2 with the Marv Ann Zuber November 19 67 20 DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH NEVER MARRIED birthdoy) Months Female White Dec. 28, 1903 event within 72 hours after death. WIDOWED DIVORCED 11. BIRTHPLACE (Stote or foreign country) 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) Chester Shirt Mfg. Co. U.S. A. Pennsylvania in pencil in 1 I Examiner's ( 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME MEDICAL EXAMINER: This certificate shauld be executed within John Kamarowsky Ann Mecavage permit. File 17. INFORMANT (Husband) Address Md. 21222 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. rd "pending" in Chief Medical E (Yes, no, or unknown) (If yes give wor or doles of service) 165-18-2982 Mr. Alex Zuber, 7907 Diehlwood Rd. Dundalk, CAUSE OF DEATH (Enter only one couse per line for (a), (b) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY burial-transit IMMEDIATE CAUSE (o' pleasm execute the certificate, writing the ward director. Page 4 should be farwarded to the Ch DUE TO any Conditions, if any, which gave rise to immediate cause (a), 5 DUE TO stoting the underlying cause pup 0.5 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS! or remayal. PERFORMED? NO X YES 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item IB.) 3 shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH crematian, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) foctory street office bldg . etc.) YOUR FUNERAL DIRECTOR: Page Inspection A 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry X and in my opinion death resulted from: Notural couses ... funeral director. Accident Suicide Hamicide Undetermined monner be retained 105 Main Street CHIEF MEDICAL EXAMINER DATE SIGNED Dundalk. prior ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER . 21222 11/20/67 **EXAMINER'S** Theodore C. Patterson M.D. Address (Street, city, town, or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION (CountyPa (Stote) 0 11/23/67 Mahanoy Township, Schuylkill Blessed Virgin Mary Cem. 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Co. VR A15ME (5) John J. Duda, 7922 Wise Ave. Dundalk, Md. 1967 6M 1/67

WILL STATE propirite: RIGHT GI of the same Bran Inv. lat. That CO THE SHOOT STATE OF THE STATE established Chesher Start We, co. Demography D. C. . . rydene damet minds ASSTU A TAUT (8.4) " Acceptance to the coner, but marked u. . . . A CONTRACTOR OF THE PROPERTY O Application and the second sec pageston it embout to THE TOTAL TOTAL CONTROL TO THE WAY OF THE LONG TOTAL T And the state of the sea of the state of the